



# Delhi Nursing Council

A.B. College Nursing Building, L. N. Hospital,  
New Delhi – 110002

One  
Photograph  
Self-Attested

## DUPLICATE APPLICATION FORM

1. Surname..... .First Name ..... Middle Name .....  
(Write in capital Letter)
2. Father's Name .....
3. Mother's Name .....
4. Husband's Name .....
5. Gender  Female  Male                      6. Marital Status  Single  Married
7. Date of Birth: .....(Attach copy of 10<sup>th</sup> Certificate).
8. Place of Birth: ..... 9. Nationality: ..... 10. Email Id .....
11. Present Address .....
- .....Phone No.:.....
12. Permanent Address .....
- .....
13. General Qualification:.....
14. Name & Address of the Institution where nursing education was obtained.....
- .....
15. Programme of study completed (B.Sc./GNM/ANM/MPHW(F)/LHV/Health Supervisor) .....
- a. Date of Joining: ..... b. Date of Completion .....
- 16.1 Name & Address of the Examining Body .....
- 16.2 Date of Qualifying Examination...../...../..... ( DD/MM/YYYY )    Roll No: .....
17. F.I.R compliant No. ....

I hereby declare that the information given above is true to the best of my knowledge and that there are no instances of adverse professional conduct against me that could render me ineligible for registration as Registered Nurse / Registered Midwife / MPH ( F ) / LHV with Delhi Nursing Council.

Date..... Place ..... Signature Of Applicant .....

### For Office Use Only

Application Checked by .....

Registration fee paid Vide receipt No..... Date ...../...../..... Registration

Number Alloted ..... Date .....

Place.....

**Signature of Registrar**