



DELHI NURSING COUNCIL

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

APPLICATION FORM FOR MIGRATION CERTIFICATE

(Post Basic B.Sc. Nursing)

1. Name: _____ D/O: _____
2. Aadhar No. : _____
3. DNC Registration No.: _____
4. Basic Qualification with School Name : _____
5. College Name: _____
6. College Address: _____
7. Course duration : From (month/year) _____ to (month /year) _____
8. Affiliated University /Board : _____

(Signature of Applicant)

Enclose:- Filled application form with the following documents and send it to Delhi Nursing Council through the post.

- Original Delhi Nursing Council Registration Certificate.
- Submit the fee Rs.100/- paid through online A/c no. **90682010083742** IFSC code **CNRB0019068**
- Submit copy of screenshot as proof of submission of fee.