



Delhi Nursing Council

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

Application Form For Primary Registration

One
Photograph
self -attested by
candidate

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 Other

6. Marital Status: Single Married

7. Date of Birth: _____ (According to 10th Certificate).

8. Place of Birth: _____ 9. Nationality: _____

10. Email Id: _____

11. Present Address: _____

12. Permanent Address: _____

13. General Qualification: _____

14. Name & Address of the Institution where nursing education was obtained: _____

14.1 Date of Joining: _____ 14.2 Date of Completion: _____

15. Programme of study completed (B.Sc./GNM/ANM) : _____

16. Applied for Permanent Temporary Registration

17. Name & Address of the Examining Body: _____

18. Date of Qualifying Examination : ____/____/____ (DD/MM/YYYY) Roll No: _____

Self-Declaration Only for Primary Registration

I hereby declare that the information given by me is true as best of my knowledge and there is no instances of adverse professional mis-conduct against me that could render me ineligible for registration as ANM/GNM/B.Sc. Nursing with Delhi Nursing Council.

Signature of Candidate: _____

For Office Use only

Application Checked by: _____

Registration fee paid Vide receipt No.: _____ Date : ___/___/___

Registration Number Allot _____

Date: _____ Place : _____

Signature of Registrar