

HARYANA NURSES AND NURSE-MIDWIVES COUNCIL

Plot No. 09, DHL Square, 4th Floor, Sector-22, HSIIDC, IT Park, Panchkula

RENEWAL FORM

PASTE PASSPORT
SIZE PHOTOGRAPH
HERE

(Name and Address shall be written in **BLOCK LETTERS**)

1. Applicant's Full Name: _____
2. Father's Name: _____
3. Date of Birth: _____ Sex: _____
5. Employment Details: _____

6. Postal Address: _____

7. Residential Address: _____

8. Mobile No.: _____ Email ID: _____
9. Registration No. and Date of Haryana Nurses & Nurse-Midwives Council:-
 - ANM Nursing _____ dated _____
 - GNM Nursing _____ dated _____
 - B. Sc. Nursing _____ dated _____
 - Add. Qualification (if any) _____
 - Post Basic Nursing _____ dated _____
 - Add. Qualification (if any) _____
10. The Renewal fee of Rs. _____ is sent by Bank Draft No. _____ dated _____ in the favour of the Registrar, Haryana Nurses and Nurse-Midwives Council.
11. I hereby declare that I know of no circumstances reflecting on my character or professional conduct which would render me ineligible for acceptance on the register.

Dated _____

Signature of applicant

IMPORTANT NOTE :-

- a. Original registration certificate must be attached along with form.
- b. One Photo copy of registration certificate (self-attested) must be attached along with form.
- c. Renewal fee of Rs. 1000/- (one thousand) per course for five years.
- d. Fee is non refundable whether the application is accepted or rejected.