

**MADHYA PRADESH NURSES REGISTRATION COUNCIL**  
**APPLICATION FORM FOR RECORDING ADDITIONAL**  
**QUALIFICATION IN THE REGISTER**

Prepaid  
Rs. 50/- Vide  
R. No. ....  
Dated .....



I, -----  
(Name in full and Block Letters)

of (Permanent address in Full)-----  
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hereby apply to\* record my following qualifications  
in Register:-  
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I was trained at College of Nursing-----From-----to-----

Passed the exam held for Post basic B.Sc. Nursing /M.Sc. Nursing in-----

Examination held by the University-----in  
the year-----and -----year.

I am registered in Madhya Pradesh Nurses Registration Council(If from other council, name  
of the

council) -----as a

Nurse/ Midwife/G.N.M.(New course) under No.-----.

Present address:-----  
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**Requirements:**

1. Fees :- (For **Post Basic B.Sc. Nursing** Rs. 1500/- and **M.Sc. Nursing** Rs. 2000/- by Bank Demand Draft in favour of Registrar Madhya Pradesh Nurses Registration Council. (Rs. 50/- Postal Charges and Rs.50/- form charges will be add in Registration Fees)
2. Original Certificates, Latest Photograph- 2 Passport Size.
3. Attested Photocopies of all original certificates.2 set.

(Signature of the applicant)

**Certified that the period of training of Ku./Smt./Shri-----**

**Post Basic B.Sc. Nursing /M.Sc. Nursing 2 Years is from(dd/mm/yy)-----**

**to-----.**

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(Signature & Seal of )  
Head of Training Institute.

