



MADHYA PRADESH NURSES REGISTRATION COUNCIL

Gomantika Parisar 3rd Floor, Near New M.L.A. Colony, 12 Daftar Road,

Jawahar Chouck, BHOPAL, M.P.-462003

0755- 4030825, 2770562(Fax)

[MIGRATION FORM B]

Form of Application (Rule 9)

(The Central Province Nurses Registration Act, 1936)

Application for Admission to Register

Passport
size
attested
Photo

1. Name in full (Surname first)-----Ku./Smt./Shri-----
2. Single/ Married/Widow/Separated-----
3. Age-----Date of Birth-----
4. Permanent Address in full-----
-----Mobile No.-----email:-----
5. Present address in full-----

6. Educational qualification-----
7. Nationality-----
8. Religion-----
9. Name & address of training institution-----
10. Period of Training-----
11. Institution Recognised by INC- Yes/No-----
12. Date Month and Year of Passing Nursing Examination-----
13. Caste-----General/SC/ST/OBC-----
14. Name of Examination Council/University from which qualified-----
15. Registration required as GENERAL NURSES/Sr. MIDWIFE/ /B.Sc.NURSING/G.N.M./
AUXILIARY-NURSE-MIDWIFE.
16. Work Experience from-----to-----
(A) Name of work place and address-----

(B) Information regarding Penalisation by any court of law Yes/No.-----
If Yes Period-----

I enclose original copies of certificates of qualification as detailed below, which may please be returned to me.

I also enclose Two recent testimonials by respectable and well known citizens of my town/village including one by a Medical Officer not below the rank of Assistant Surgeon or a private Medical Practitioner holding registrable medical qualifications.

I hereby undertake that if I am admitted to register, I will, in the practice of my profession as a observe and be bound by the provision of the Act and the rules and byelaws made or order and instructions, issued there under so far as they affect me and if the Council shall at any time after due enquiry order my name to be removed from the register. I will return to Registrar the certificate and badge (If any) issued to me by the council.

Date-----

Place-----

Signature of Applicant

Note-

1. Each application form must be accompanied by four pass-port size photographs of the applicant duly attested by a Gazetted officer.

(1) Annexure:-

- (a) Diploma in General Nursing-----
 (b) Qualification Certificate of midwifery-----
 (c) Qualification Certificate of Auxiliary Nurse-Midwife-----
 (d) Qualification Certificate of B.Sc. Nursing-----
 (e) Qualification Certificate of (Additional Qualification)-----

(2) Original copies of testimonials-----

Name, address and designations of testifying persons and date of issue of testimonial

(1)----- (2)-----

(3) Particulars regarding registration with the Madhya Pradesh Nurses Registration Council Bhopal or with any other Council.

Name of Nurses Council where previously registered	Number & Date of Registration	Category in which registered such as					
		Nurse	Midwife	G.N.M.	B.Sc. Nursing	Auxiliary Nurses-Midwife	Other

Signature of Applicant

To,

The Registrar,
Madhya Pradesh Nurses Registration Council
Bhopal (M.P.)

RATE OF FEE FOR REGISTRATION

Course	Registration Fee
1. B.Sc. Nursing	Rs. 3000/-
2. G.N.M.(New Course)	Rs. 3000/-
3. General Nurse	Rs.3000/-
4. Midwife	Rs.30500/-
5. A.N.M./Female Health Worker	Rs. 360/-
6. Postal Fees	Rs. 50/-
7. Online Charge	Rs. 200/-