



## MADHYA PRADESH NURSES REGISTRATION COUNCIL

Gomantika Parisar 3<sup>rd</sup> Floor, Near New M.L.A. Colony, 12 Daftar Road, Jawahar  
Chock Bhopal, M.P.  
Phone No. 0755-2770562

Prepaid  
Rs. 75/- vide  
R.No.-----  
Dated-----

### APPLICATION FORM FOR OPENING A NEW NURSING PROGRAMME 2012 - 2013

1. Name of the Institution : \_\_\_\_\_
2. New Nursing Programme being applied for : A.N.M.  G.N.M.  B.Sc.  P.B.B.Sc.   
M.Sc.Nsg  Post Basic Diploma Programme   
Specify the specialty \_\_\_\_\_
3. Any other Nursing programme of the Society/Trust is recognized by INC (Yes  No  )  
If, Yes : College/School Code \_\_\_\_\_ File No. \_\_\_\_\_  
If, No : **Govt. order to be attached**
4. A copy of Essentiality Certificate of State Govt./State Govt. Order (Duly attested by notary) (In Local Version & also in English Version)  
INC Order No. & Date : \_\_\_\_\_ Date \_\_\_\_\_  
No. of seats allotted by INC/University : \_\_\_\_\_
5. Name of the Chairperson/Principal: \_\_\_\_\_  
Phone No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_
6. Name of the Society/Trust /Mission etc (Duly attested by notary) : \_\_\_\_\_  
Annexure \_\_\_\_\_

7. Whether the Institution is : 1. Government  
2. University  
3. Private

Complete Address (IN CAPITAL LETTER) \_\_\_\_\_

Place : \_\_\_\_\_  
District : \_\_\_\_\_ Pin \_\_\_\_\_

Telephone No. : \_\_\_\_\_ (F) \_\_\_\_\_

Name of the Examining Board affiliated : \_\_\_\_\_

----- Collegiate programme only -----

9. Name of the University : \_\_\_\_\_

9 (a). Consent letter of University, : annexure \_\_\_\_\_  
if it is a College of Nursing  
**(Duly attested by notary)**

-----  
**10. Physical Facilities** :  
(Details of the following to be given)

1. Whether the institution has own : Yes  No   
Building (Blue Print/Copy of Title  
Deed to be attached)

2. No. of Class Rooms with size : \_\_\_\_\_

3. No. of Labs : \_\_\_\_\_

4. Library Facilities : \_\_\_\_\_  
(No. of Book's & Journals)

5. Auditorium : \_\_\_\_\_

6. Office Facilities : \_\_\_\_\_

7. Sport's Facilities : \_\_\_\_\_

8. Computer Facility with Internet : \_\_\_\_\_

9. Bus Facility (attach agreement)

**11. Teaching Facilities** : Annexure \_\_\_\_\_  
(Details with the Teaching Faculty  
to be given) with appointment order

**12. Clinical Facilities**  
(Details of the following to be given)

1. Parent Hospital, if any : \_\_\_\_\_  
 (Name of the Hospital)  
 No. of Beds with specialty : \_\_\_\_\_  
 Permission letter. \_\_\_\_\_
2. Affiliated Hospital, if any : \_\_\_\_\_  
 (Name of the Hospital)  
 No. of Beds with specialty : \_\_\_\_\_  
 Permission letter. \_\_\_\_\_
13. Budget : Annexure \_\_\_\_\_  
 (Details of one Budget to be given)
14. Demand Draft No. & Date : D.D. No. \_\_\_\_\_ Date \_\_\_\_\_  
 Name of the Bank -----

**Signature of the Applicant  
with seal**

**General Instruction:**

1. For School & Post Basic Diploma Programmes, D.D. of Rs. 15,000/- in favor of Registrar, Madhya Pradesh Nurses Registration Council, Bhopal.
2. Collegiate Programme D.D. of Rs.25,000/- in favor of Registrar, Madhya Pradesh Nurses Registration Council, Bhopal M.P.
3. Last Date of submission of duly filled in form is **2012. Incomplete form i.e.** if all requisite documents are not submitted along with application form then the proposal for establishing new Nursing programme will be rejected. State Nursing Council will not be responsible for the rejection of the application form/proposal.
4. **Separate D.D. and Application form** to be submitted for each programme.
5. Govt. Order, Society/Trust Deed/Mission etc., University Permission duly attested by notary.
6. **For more details refer official website [www.indiannursingcouncil.org](http://www.indiannursingcouncil.org)**