ARUNACHAL PRADESH NURSING COUNCIL

FORM-II(A)

(For ANM primary registration)
u/s (17),& Sub-Sec.(d) maintained u/s (13)
Arunachal Pradesh Nursing council Act 2011

APPLICATION FOR PRIMARY ANM REGISTRATION

- Write with Ball Pen in Capital Letters only.
- Registration certificate shall be issued in accordance with Cl-10/12 pass certificate.
- Write complete address with District, pin-code mandatory.
- Applicant should sign in full, clearly within the Box Provided.
- Incomplete form will be rejected.
- **Application form should fill up by the applicant's own handwriting.**

Paste your recent color passport size in uniform.

Receipt No…….. (office use only)
Date…….. (office use only)

To,

The Registrar
Arunachal Pradesh Nursing Council
Naharlagun,(A.P)

Madam,

I hereby request that my name and other particulars mentioned below may be entered in the State Register of Arunachal Pradesh Nursing Council as required under Section 13 & 14 of Arunachal Pradesh Nursing Council Act.2011.

1.Name in Full: Miss ☐ Mrs. ☐ Mr. ☐ Please tick (√) as appropriate.

2. Father's / Husband's Name

3. Mother's name

4.Date of Birth:

Day Month Year

5. Category: Non-APST ☐ APST ☐ 6. Nationality: ☐ 7. Sex: Male ☐ Female ☐

8.Permanent Residential Address:

9.Mob. No . E-mail ID (if any)_____

10. Present Residential address:

11.Present Employment Details:_____

12.Qualification._____.

a)General Education:-

Sl.no	Description of Qualification	Name of school/institute	Name of the board	Year of passing

b)Professional Qualification:-

Sl.no	Description of Qualification	Name of school/institute	Name of the board	Year of passing

13.Name of Parent State Nursing Council: _____

14.Details of Internship ,from | | | | | | | | | to | | | | | | | | |
dd / mm / yy dd / mm / yy

15.Payment Details: (To be filled in by the applicant)

Amount: _____ Demand Draft No. _____ Name of Bank _____

INSTRUCTION FOR THE APPLICANTS

1. Application form will be accepted only when it is enclosed with :-
- Class X & XII pass certificate or equivalent certificate.
- Mark Sheet of all the years (to check equivalency as per INC)
- Course completion certificate from school/institute .
- ID Proof (Voter ID/ aadhar Card/Indian Passport/Bank Passbook)

2. Three recent passport size photographs in Uniform & Name at the backside.
3. Payment of Rs.2000/-(two thousand) should be made through demand draft in favor of **"Arunachal Pradesh Nursing Council"** payable at **"Naharlagun"** from any Nationalized Bank of India and it is mandatory to write" Name, Address, Phone no. on the back side of the bank Draft.
4. TNAI membership no. with Xerox copy.

NB: All documents mentioned above are mandatory.

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of knowledge and belief. I clearly understood that in case of any irregularities found in information furnished by me, APNC shall have every right to cancel/suspend my registration No. at any time. Further, I undertake to abide by the Arunachal Pradesh Nursing Council Act & Rules and code of conduct & ethics of Nursing Council and APNC.

Applicant's full name with signature

Counter Signature by Registrar

Forwarded by_____
Principal School of nursing/HOD

Date_____