


# APPLICATION FORM FOR ISSUE OF REGISTRATION CERTIFICATE / TRANSFER OF REGISTRATION TO PNRC

**NOTE: WRITE IN BLOCK LETTERS ONLY**

	FOR OFFICE USE ONLY. PLEASE DO NOT FILL IN THIS SECTION					
	APPLICATION REF NO.					
	SYSTEM ID					
	RN/RM NO.					
PERSONAL DETAILS						
REGISTRATION FOR:	ANM <input type="checkbox"/>	GNM <input type="checkbox"/>	BSC <input type="checkbox"/>	POST BASIC <input type="checkbox"/>	MSC <input type="checkbox"/>	PASTE YOUR LATEST PHOTOGRAPH HERE CROSS ATTESTED BY THE PRINCIPAL
NAME:						
FATHER'S NAME:						
DATE OF BIRTH:	DAY:	MONTH:	YEAR:			
MARITAL STATUS:	MARRIED <input type="checkbox"/>	UNMARRIED <input type="checkbox"/>	OTHER <input type="checkbox"/>			
RESIDENCE ADDRESS:						Applicant signature
MOBILE NO.						
EMAIL ID:						
ADHAAR NUMBER:						
QUALIFICATION DETAILS						
	EXAMINATION HELD	MAX MARKS	MARKS OBTAINED	BOARD OF EXAMINATION		
10TH						
12TH						
QUALIFICATION DETAILS OF NURSING COURSE FOR WHICH APPLYING						
ADMISSION IN:	MONTH___/YEAR___	EXAMINATION HELD IN:	MONTH___/YEAR___			
RESULT:	MARKS OBT:	MAX MARKS:	TRAINING COMPLETED IN:	MONTH___/YEAR___		
FINAL YEAR ROLL NO:						
BOARD/UNIVERSITY:						
INSTITUTE:						
PAYMENT MODE:	Pay Slip	DATE:	Txn. Sequence No:	BANK: AXIS		
DATE:			APPLICANT SIGNATURE:			

- It is certified that I am personally acquainted with \_\_\_\_\_s/d/w/o \_\_\_\_\_. She/he has passed \_\_\_\_\_ examination held in \_\_\_\_\_.
- She/he bears good moral conduct and character. She/he is applying first time for registration and previously he/she has never applied for registration in PNRC.
- It is also certified that above mentioned course of this college is recognized by the INC/BFUHS/PNRC.

Name of Principal:	Full Signature of Principal:	Stamp of Principal:
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## **DOCUMENTS TO BE ATTACHED**

- ☐ Application Form
  - ☐ Self Declaration Performa (Specimen Attached)
  - ☐ 10<sup>th</sup> DMC copy
  - ☐ 12<sup>th</sup> DMC copy
  - ☐ All DMC's of respective course
  - ☐ Copy of PNRC Registration certificate is must as follows:-
    - For Post Basic B.Sc. (Nursing) = GNM Registration copy
    - For M.Sc. (Nursing) = B.Sc. (Nursing)/Post Basic B.Sc. (Nursing)/ GNM Registration copy
  - ☐ Relieving Certificate (New Specimen Attached)
  - ☐ Aadhar Card Copy
  - ☐ Fee has to be paid through AXIS Bank Challan only, generated from PNRC website
  - ☐ Bank Challan can be generated through the link: [www.pnrconline.in/payfee.aspx](http://www.pnrconline.in/payfee.aspx)
- \*No DD/Cash payment shall be accepted.**

### **The fee is as follows:**

#### **Registration Fee:-**

M.Sc. (Nursing)	Rs. 2,100/- (Registration Fee) + Rs. 50/- (Form) Total = Rs. 2,150/- + GST
ANM/GNM/ B.Sc. (Nursing)/ Post Basic B.Sc. (Nursing)	Rs. 1,100/- (Registration Fee) + Rs. 50/- (Form) Total = Rs 1,150/- + GST

**NOTE: THE PHOTOCOPIES OF ALL THE DOCUMENTS MUST BE ATTESTED BY BOTH CANDIDATE AND PRINCIPAL**

## Self Declaration Performa

I, \_\_\_\_\_,

Son/daughter of \_\_\_\_\_, residing at

\_\_\_\_\_

(Date of Birth \_\_\_\_\_ (dd/mm/yy)), do hereby solemnly affirm and state of follows:

1. That I am continuously residing at the above mentioned address since.....years.
2. That I hereby affix my photo and signature in this affidavit as proof of my signature and Identity.
3. I have completed my training \_\_\_\_\_ (Course) from \_\_\_\_\_ (College/Inst) admission in \_\_\_\_\_ (Date – dd/mm/yy) and completed on \_\_\_\_\_ (Date – dd/mm/yy) and have passed final examination held in \_\_\_\_\_ (Date – dd/mm/yy).
4. That I want to get myself registered with PNRC \_\_\_\_\_ (Course Name).
5. That I am not registered with any other council.
6. That I am applying first time for registration and previously I never applied for registration anywhere/ in PNRC

Place:

Date:

A candidate is required to affix within the space his/her passport size photograph duly and identified by a Notary Public, otherwise his/her application will not be considered.

**FORMAT OF RELIEVING CERTIFICATE (TO BE ISSUED BY PRINCIPAL ON INSTITUTE LETTERHEAD)**

**To Whom it may Concern**

**Name of Candidate :-** \_\_\_\_\_

Photograph of Candidate

**Father's Name:-** \_\_\_\_\_

Attested by the Principal

**Date of Birth:-** \_\_\_\_\_

**Date of Joining the Course:-** \_\_\_\_\_

**Date of Completion (Including Internship) :-** \_\_\_\_\_

**Final Year Examination Held At:-** \_\_\_\_\_

It is certified that above mentioned student has appeared in M.Sc Nursing (Two year)/ B.Sc (Basic) Four year / B.Sc (Post Basic) Two years / G.N.M / A.N.M Final Year Examination Conducted by B.F.U.H.S/ P.N.R.C held in ..... She has successfully completed the training of..... Nursing course w.e.f. .... to ..... Including internship. She has been relieved from the college on ..... She bears good moral conduct and character. She has not been convicted in any offence.

It is also certified that above mentioned course of this college is recognized by the Indian nursing council/ Baba Farid university of Health Sciences and Punjab nurse registration council.

**Signature of Candidate:** .....

**Stamp of College/Principal**

**Full Signature of Principal** .....

**Name of Principal (in Capital)**.....

**Name of College** .....

**Address of College** .....

**Date** .....