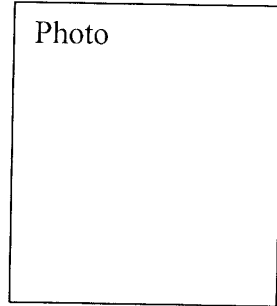


APPLICATION FOR LISENCE VERIFICATION

(For Individual applicant)

Photo



1. Name of applicant:-
2. Father/Husband name:-
3. Date of Birth:-
4. Live CGNRC Registration No.:-

COURSE-ANM___GNM___ B.Sc___ P.B.B.Sc.____ M.S.c____, DPN____,
PHD_____

5. Name of Training Institute:-

6. Period of Training fromto.....

7. Contact no.name of principal/ institute where studied:-

8. Address of Institute:-

9. Email Id of Institute:-

10. Online Payment Details (attach 2 copies)

11. Provide name of council/ state, if registration is transferred to another state on reciprocal basis.

.....

12. Name of International organization/Agency/Ministry for verification

13. Address of organization/Agency/Ministry

14. Email ID of International organization/Agency/Ministry

15. Contact no. of International organization/Agency/Ministry if available

16. Type of verification (eg. good standing ccps etc)

.....

17. Is there is any specific Performa/ form please attached.

18. Experience Details (kindly attached copy also)

S.N	organization	Post	Period

19. Kindly attached Medical fitness certificate.

20. Kindly attached police verification/clearance certificate.

21. Kindly attached course completion/transcript.

22. Kindly attached all nursing mark sheets

Signature of applicant/ proxy

Name-

Relation (if proxy)-

Contact no-

Email ID-