

DAI REGISTRATION

To

**The Registrar,
Punjab Nurses Registration Council,
Chandigarh.**

Paste one passport size black & white photo-duly attested by S.M.O. L.H.V of the training centre

Sir/Madam,

I request that my name be registered under the Punjab Nurses Registration Act, 1932, as a Trained Dai and that I may be furnished with a Certificate of Registration.

The information necessary for the registration is given below. Two certificates signed by respectable persons who reside in the place of my practice relating to my moral character are given in the reverse.

The registration fee of Rs. 10/- has been sent by Bank Draft or Cash. I passed the Dai's Examination of the **Punjab Nurses Registration Council** held at on 19... ..

I undertaken to abide by all rules and Regulations of the **Punjab Nurses Registration Council** framed from time to time.

Note:- One unattested passport size black & white photo may be attached with the form for pasting the same in the Registration Certificate under the seal signature if the Registrar.

Yours faithfully,

Date

Signature or thumb impression of applicant

1. Applicant's full name
2. Father's name 3. Husband's Name
4. Single, married widow... .. 5. Age
6. Nationality
7. Postal address as a Dai in the Health Centre
8. I was trained as a Dai in the Health Centre
For a period ofyear. I joined on19... ..
And completed training on19... ..
9. I passed the P. S. M. Faculty Examination for Trained Dais held in the month of
19... ..
10. I hereby declare that I know of no circumstances affecting my character or professional Conduct which would render me unsuitable for acceptance on the Register.

P.T.O.

Signature or thumb impression of the applicant