


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:

DOCUMENTS TO BE ATTACHED

- Application Form
- Affidavit of Candidate Identification Affidavit (Specimen Attached)
- 10th DMC copy
- 12th 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
***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/-
ANM/GNM/ B.Sc. (Nursing)/ Post Basic B.Sc. (Nursing)	Rs. 1,100/- (Registration Fee) + Rs. 50/- (Form) Total = Rs 1,150/-

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

Specimen of Candidate Identification Affidavit

(To be executed on appropriate non-judicial stamp paper & attested by Notary Public)

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.

DEPONENT

VERIFICATION

Verified on..... (Date – dd/mm/yy) at (Place) that the contents of the above mentioned affidavit are true and correct.

Signature and Stamp

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