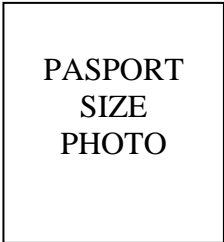


MAHAKOSHAL NURSES REGISTRATION COUNCIL
APPLICATION FORM FOR RECORDING ADDITIONAL
QUALIFICATION IN THE REGISTER

Prepaid
Rs. 25/- Vide
R. No.
Dated



I, -----
(Name in full and Block Letters)

of (Permanent address in Full)-----

hereby apply to* record my following qualifications
(original and copy of which is enclosed) in Register:-

I was trained at-----

Passed the-----

Examination held by -----in
the year-----.

I am registered in Mahakoshal Nurses Registration Council(If from other council, name of the
council) -----as a
Nurse/ Midwife/G.N.M.(New course) under No.-----.

Present address:-----
-----.

Requirements:

- 1. Fees :- Rs. 100/- by Bank Demand Draft in favour of Registrar Mahakoshal Nurses Registration Council.
- 2. Original Certificate, Latest Photograph- 2 Passport Size.
- 3. Attested 2 Photocopies of all original certificates.

Date:- -----

(Signature of the applicant)

Signature & Seal of
Head of Training Centre.

To,
The Registrar,
Mahakoshal Nurses Registration Council
M-78, Block No. 9 Harshwardhan Nagar
Bhopal,(M.P.)