Assam Nurses' Midwives' & Health Visitors' Council

(A statutory autonomous body constituted under the Assam Nurses', Midwives' and Health Visitors' Act, 1944.)

E-Mail: assamnursingcouncil@gmail.com, Website: www.assamnursingcouncil.com

O/o Director of Health Services Assam,3rd Floor, Hengrabari, Guwahati-36

ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL
ENROLMENT FORM (Post Basic B.Sc. Nursing)

Instructions

1. Fill in **BLOCK LETTERS** only.
2. Attach attested copies of required documents.

Affix one recent passport-size photograph.

A. STUDENT DETAILS

Full Name ……

Father's Name ……

Mother's Name ……

Date of Birth (DD/MM/YYYY) ……/……/……..

Gender ☐ Male ☐ Female ☐ Other

Category ☐ GEN ☐ OBC ☐ SC ☐ ST ☐ Others _____

Nationality ……

Aadhaar No. …… **Mobile No**……..

Email ID ……

Roll No …… **Enrolment No**……

Name of the Institute ……

Registration No …… **Council** ……

Address ……

……

Vill…….. Dist…… State…… PIN……..

B. ACADEMIC DETAILS

Particulars	Board	Year of Passing	Percentage (%)
HSLC (10th)			
HS (12th)			
GNM			

C. EMPLOYMENT DETAILS

S. No.	Name of Institution / Employer	From	To	Study Leave Availed
1.				☐ Yes ☐ No ☐NA
2.				☐ Yes ☐ No ☐NA

D. DOCUMENTS ENCLOSED (✓) (Attested by the Head of Institute)

☐ HS and HSLC Marksheet & Certificate ☐ GNM Marksheets ☐ Registration Certificate

☐ Study Leave Certificate (Mandatory for those working in government settings)

E. DECLARATION

I hereby declare that the information furnished above is true and correct. I understand that any false information may lead to cancellation of my enrolment.

Place: _____ **Date:** _____ **Student Signature:** _____

F. CERTIFICATION BY HEAD OF INSTITUTION

Certified that the above particulars have been verified from the original records and the student has been admitted to the **Post Basic B.Sc. Nursing** course.

Name of Head of Institution **Designation** **Signature & Seal** **Date**