



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 (MSc. 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 (if Applicable)			
BSc. /PBBS.			

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, BSc./PBBS. 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 **MSc. Nursing** course.

Name of Head of Institution

Designation

Signature & Seal

Date



Safeguarding Standards & Strengthening Care... Since 1944