



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 (GNM & ANM)

Important Instructions:

1. Fill in BLOCK LETTERS.
2. Furnish correct information and attach attested documents by the head of Institute.
3. Incomplete/incorrect forms may be rejected.
4. Pay the enrolment fee online only.
5. Submit the completed form through the Head of Institution.

**Affix one
recent
passport-size
photograph.**

A. STUDENT DETAILS

1. Full Name: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Date of Birth: ____ / ____ / ____
5. Gender: ☐ Male ☐ Female ☐ Other
6. Category: ☐ GEN ☐ OBC ☐ SC ☐ ST ☐ Other _____
7. Aadhaar No.: _____
8. Permanent Address: _____
9. Mobile No.: _____ Email: _____

B. ACADEMIC QUALIFICATION

Particulars	HSLC (10th)	HS (12th)
• Board		
• Year of Passing		
• Roll No.		
• Total Marks		
• Marks Obtained		
• Percentage		
• Division		
• Stream	N/A	
• English Marks	N/A	

C. ANM/GNM COMMON ENTERANCE EXAMINATION DETAILS

- Year: _____ Roll No.: _____
- Marks: _____ Rank: _____

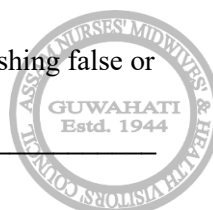
D. COURSE & INSTITUTION DETAILS

- Course: ☐ GNM ☐ ANM
- Name of Nursing Institution: _____
- Institute Code: _____
- Type of Institute: ☐ Government ☐ Private
- Year of Admission: _____
- Student Roll No.: _____

E. DECLARATION BY STUDENT

I declare that the information furnished above is true and correct. I understand that furnishing false or incorrect information may result in cancellation of enrolment.

Place: _____ Date: _____ Signature of Student: _____



Safeguarding Standards & Strengthening Care... Since 1944



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F. CERTIFICATION BY HEAD OF INSTITUTION

Certified that the above student has been admitted to the GNM/ANM course in this institution and that the particulars furnished have been verified from the original records.

Name & Designation: _____

Signature & Seal: _____ Date: _____

FOR OFFICE USE ONLY

- Date of Receipt: _____
- Course: ☐ GNM ☐ ANM
- Fee: ☐ Received ☐ Not Received
- Amount: Rs. _____ Transaction ID: _____
- Documents Verified: ☐ Yes ☐ No
- Remarks: _____
- Enrolment Approved: ☐ Yes ☐ No
- Enrolment No.: _____
- Registrar Signature & Seal: _____

DOCUMENTS TO BE ATTACHED

(Attested by the Head of Institute)

- HSLC Marksheet & Certificate
- HS Marksheet & Certificate
- HSLC/HS Admit Card
- GNMCEE Admit Card & Score Card
- Caste Certificate, if applicable
- Online Fee Payment Receipt

