

APPLICATION FORM FOR REGISTRATION

For Nurses / Midwives / Auxiliary Nurse – Midwives / Health Visitors / B.Sc. (Nurse) only.

ANDHRA PRADESH NURSES, MIDWIVES, AUXILIARY NURSE – MIDWIVES & HEALTH VISITORS COUNCIL

To:
THE REGISTRAR,
A.P.Nurses and Midwives, Auxiliary – Midwives & Health Visitors Council,
Sultan Bazar, Hyderabad – 500 095.
(O/o the Directorate of Medical & Health Services compound)

Sir,

I, name (surname should be written in full).....
.....single/married /widow
(address permanent).....
(address professional).....
hereby request the Andhra Pradesh, Midwives, Auxiliary Nurse – Midwives & Health Visitors Council to enter my name in sectionof the Registrar of Nurses /Midwives / Auxiliary Nurse Midwives / Health Visitors.

Date of Birth.....Place of birth.....
(a true copy of the date of birth certificate duly attested by a gazetted officer should be enclosed).

I forward herewith the Registration fee Rs.....and promise in the event of my being registered and in consideration thereof to be bound by and to confirm in all respects to the rules and regulations for the time being in force.

2. ** I forward herewith my DIPLOMA AND CERTIFICATE OF TRAINING (ORIGINALS) and copies of the same attested by a Gazetted Officer from (Name of the Hospital, Institution etc., where trained).

3. I furnish below the name and addresses of three persons to whom references may be made as to my character and professional efficiency.

- 1).....
- 2).....
- 3).....

4. I bear the two marks specified in below, by which I may be identified.

- 1).....
- 2).....

5. I declare that the particulars given in this form are in every respect complete and true.

Date:

Yours faithfully,

.....
(Signature of Witness)

.....
(Signature of the Applicant)

and address.....

N.B. ** Applications not accompanied by original certificates and true copy of the said certificates duly attested by a Gazetted Officer will not be considered for registration. Also a self addressed envelope of 10 X 4 ½" size should be enclosed along with Rs.p. worth Postage stamps. And also send basic qualification certificate (original) and true copy duly attested by a Gazetted Officer. Xerox copies are not accepted.

Note: PRESCRIBED REGISTRATION FEE:

- 1) B.Sc.(Nurse) is Rs.250/- 2) Staff Nurse (Nurse & Midwife) is Rs.150/-
- 3) Nurse Rs.100/-, Midwife Rs.100/- 4) Health worker is Rs.100/-
- 5) Auxiliary Nurse-Midwife / Health Visitor is Rs.100/-
- 6) Public Health Nurse is Rs.100/-
- 7) Registration fees should be sent by Demand Draft in favour of "ANDHRA PRADESH NURSES & MIDWIVES COUNCIL, HYDERABAD" from any Nationalized bank payable at Hyderabad.
- 8) Challans are not accepted towards Registration fees.

Note: If you are a registered nurse of this council, please quote your registration number, if registered by any other State Nursing Council as a Nurse / Midwife, please forward your registration certificate for reference and return, together with true copies of the same.