

**ODISHA NURSES & MIDWIVES COUNCIL**  
**HOD Building, Bhubaneswar, Khurda, Odisha – 751001**

**Application Form for Registration of ANM/GNM/B.Sc(N)**

**FOR OFFICE USE ONLY**

Received Amount:..... vide D

.D No:....., Date:.....

Self Attested  
Passport Size  
Colour Photo

Name of the Course: ANM: ...../GNM:...../B.Sc(N):.....

Name of the Applicant in full: .....

Father's Name: .....

Gender (Male/Female): .....

Date of Birth: ....., Age: .....

Present Address: .....

Permanent Address: .....

Name of the institution where trained/passed: .....

When trained: i) Date of admission/joining to the training: .....

ii) Date of relieving/completion of the training: .....

Name of the Examining Body/Board/University: .....

Date of declaration of result:.....

Date :

**Signature of the Applicant**

**DECLARATION**

I hereby solemnly declare that the above particulars furnished by me in this application form are true to the best of my knowledge and belief.

Date :

**Signature of the Applicant**