

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

Application Form for Registration of P.B.B.Sc(N)/M.Sc(N)

FOR OFFICE USE ONLY

Received Amount:..... vide D.D No:....., Date:.....

Receipt No:....., Date:.....

Self Attested
Passport Size
Colour Photo

Name of the Course: P.B.B.Sc(N):...../M.Sc(N):....., Speciality:.....

Odisha Nurses & Midwives Council Registration Number:

Date of Registration: and Valid upto:

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