

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

Application Form for Reciprocal Registration

Self Attested
Passport Size
Colour Photo.

To
The Registrar,
Odisha Nurses & Midwives Council,
Bhubaneswar

I Mr. / Mrs. / Miss.....is
 registered in the
 (Name of the Council) of (Name of the State) as
 (ANM/Health Worker(F)/GNM/B.Sc(N)/P.B.B.Sc(N)/M.Sc(N).

Therefore, I request you to kindly register my name in the Odisha Nurses & Midwives Council, Bhubaneswar.

Yours Faithfully,

(Signature of the Candidate)

Details of the Registration No. and Date

Registration number:..... and Date:.....of.....
 Registration number:..... and Date:.....of.....
 Registration number:..... and Date:.....of.....

The following Documents should be attached herewith for verification.

SI.No	Description	Yes	No
1.	Attested Photo copy of H.S.C Certificate.		
2.	Atested Photo copy of +2 Council Certificates.		
3.	Attested Photo copy of Provisional/Pass certificate issued by the concerned Affiliating/Examining Body.		
4.	Original (For Some States) and 2 Nos of Attested Xerox copies of Registration Certificate issued by the concerned Registration Council.		
5.	Should produce the original documents from SI. No. (i) to (iv) for verification at the time of registration.		
6.	Self attested of 1 no. of recent passport size colour photograph.		

Address for Correspondence:

.....

PIN-.....
 Phone No (If any).....

(Signature of the Candidate with date)