

**GOA NURSING COUNCIL
INSTITUTE OF NURSING EDUCATION CAMPUS
BAMBOLIM GOA - 403 202**

APPLICATION OF CHANGE / CORRECTION IN NAME IN THE REGISTER

I request you to change / correct my name as mentioned below.

Name as per Registration certificate: -

.....

Change to New Name: -

.....

Registration Number: - Valid upto: -

Date of Birth: -

Mobile No: -

Email ID: -

Date: -

Signature of the Applicant:-

Enclosure:

- 1) Self-attested copies of:
 - Goa Nursing Council registration certificate
 - Gazette Notification / Marriage certificate (for change of name)
 - Name correction proof / Birth certificate (for correction in name)
- 2) Demand draft of Rs. 500/- drawn in favour of Goa Nursing Council, Bambolim-Goa for the change / correction in name.
- 3) If a new certificate is required in new changed name then following need to be submitted:
 - One passport size photograph in white background.
 - Demand draft of Rs. 500/- in favour of Goa Nursing Council, Bambolim-Goa.