## FORM VII Goa Nursing Council Application for Registration

To, The Registrar, Goa Nursing Council,			
Madam/Sir,			
		ulars as stated below, under the certificate of registration	
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PERMANENTADDRES	S	••••••	
MAIDEN NAME AND SURNAME)	SURNAME IN CASE (	OF A MARRIED WOMA	N (BEGINNING WITH
PLACE OF BIRTH	D	OATE OF BIRTH	
I have obtained qualification	ons, details of which are as g	given below:	
Nomenclature of Degree/ Diploma/Certificate obtained at each level (a) qualification (b) professional (c) other additional qualifications	University/Examining Body with complete address (a) qualification (b) professional (c) other additional qualifications	Date of obtaining qualification and total duration of nursing programme	Institution from where nursing qualification obtained
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the details of which are as given below:				
Registered as	Name of Licencing Body with complete address	Registration No. and date when obtained	Remarks	
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have forward here	ewith original certificates alongwith	their self-attested photocopies	s (one of each): —	
(b) The	ificate/*Matriculation Certificate/*S	SC Exam Certificate/ *School Passing/ *Degree/ *Diplom*other e	ol Leaving Certifica	
(b) *Birth Cert (b) The any having	ificate/*Matriculation Certificate/*S	SC Exam Certificate/ *School Passing/ *Degree/ *Diplom*other e	ol Leaving Certifica	
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(a) *Birth Cert (b) The any having (c) 2 Passport (d) Evidence of (e) Evidence of (f) Demand Draft in (g) I am applying for midwife/ health midwife/ auxilia in the year	obtained the qualification which I possize photographs. of registration with any other State Country of the Goa Nursing Council as or registration for the first time and I wisitor under any law in India before the ary nurse midwife / health visitor under and my registration in	Passing/ *Degree/ *Diplom*other essess, in original.  ssociation of India (TNAI). s registration fee is enclosed. was not registered as a nurse/ whis date. OR (3) I was/have beer the	ol Leaving Certificates  vidence in support  midwife/ auxiliary number registered as a num (state the Act or La	
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## INSTRUCTIONS

- All Particulars in the application shall be filled by the applicant.
   All particulars should be in neat legible hand in capital letter.
   The registration fee is to be paid by Demand Draft.
   Names on the application form should exactly correspond with the names of the applicants at the University/or other examination.
   All copies of certificates and other evidence, if any, to be enclosed.

  Specimen of Applicant's Signature as will be on the Registration Certificate
  Present Address.
  - \*Tick the applicable alternative.

Hours of Payment: 9.30 a.m.to1.00 p.m & 2.00 p.m. to 4.00 p.m. on all working days from Monday to Friday. Registration fee —By Demand Draft in favour of the Goa Nursing Council.