

I am a member of Trained Nurses Association of India (TNAI) having registration No.

I am/was registered with the State Nursing Council and with.....

National Nursing Council of (enter name of the country)

the details of which are as given below:

Registered as	Name of Licencing Body with complete address	Registration No. and date when obtained	Remarks
1	2	3	4

I have forward herewith original certificates alongwith their self-attested photocopies (one of each): —

- (1) (a) *Birth Certificate/*Matriculation Certificate/*SSC Exam Certificate/ *School Leaving Certificate.
- (b) The*Passing/ *Degree/ *Diploma/ *Certificates.....
.....*other evidence in support of any having obtained the qualification which I possess, in original.
- (c) 2 Passport size photographs.
- (d) Evidence of registration with any other State Council.
- (e) Evidence of registration with Trained Nurses Association of India (TNAI).
- (2) Demand Draft in favour of the Goa Nursing Council as registration fee is enclosed.
- (3) I am applying for registration for the first time and I was not registered as a nurse/ midwife/ auxiliary nurse midwife/ health visitor under any law in India before this date. OR (3) I was / have been registered as a nurse/ midwife/ auxiliary nurse midwife / health visitor under the..... (state the Act or Law) in the year..... and my registration number is/was.....
- (4) I have carefully read the instructions on this form and I certify that the particulars furnished above are true to the best of my knowledge and belief.

Place:

Yours faithfully,

Date:

.....
(Usual Signature)

INSTRUCTIONS

- (1) All Particulars in the application shall be filled by the applicant.
- (2) All particulars should be in neat legible hand in capital letter.
- (3) The registration fee is to be paid by Demand Draft.
- (4) Names on the application form should exactly correspond with the names of the applicants at the University/or other examination.
- (5) 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.