

# HARYANA NURSES AND NURSE-MIDWIVES COUNCIL

Plot No. 09, DHL Square, 4<sup>th</sup> Floor, Sector-22, HSIIDC, IT Park, Panchkula

## RENEWAL FORM

PASTE PASSPORT  
SIZE PHOTOGRAPH  
HERE

(Name and Address shall be written in **BLOCK LETTERS**)

1. Applicant's Full Name: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_
5. Employment Details: \_\_\_\_\_  
\_\_\_\_\_
6. Postal Address: \_\_\_\_\_  
\_\_\_\_\_
7. Residential Address: \_\_\_\_\_  
\_\_\_\_\_
8. Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_
9. Registration No. and Date of Haryana Nurses & Nurse-Midwives Council:-
  - ANM Nursing \_\_\_\_\_ dated \_\_\_\_\_
  - GNM Nursing \_\_\_\_\_ dated \_\_\_\_\_
  - B. Sc. Nursing \_\_\_\_\_ dated \_\_\_\_\_
  - Add. Qualification (if any) \_\_\_\_\_
  - Post Basic Nursing \_\_\_\_\_ dated \_\_\_\_\_
  - Add. Qualification (if any) \_\_\_\_\_
10. The Renewal fee of Rs. \_\_\_\_\_ is sent by Bank Draft No. \_\_\_\_\_ dated \_\_\_\_\_ in the favour of the Registrar, Haryana Nurses and Nurse-Midwives Council.
11. I hereby declare that I know of no circumstances reflecting on my character or professional conduct which would render me ineligible for acceptance on the register.

Dated \_\_\_\_\_

Signature of applicant

### IMPORTANT NOTE :-

- a. Original registration certificate must be attached along with form.
- b. One Photo copy of registration certificate (self-attested) must be attached along with form.
- c. Renewal fee with 18% GST of Rs. 1000+180=1180/- (One Thousand One Hundred Eighty Only) per course for five years.
- d. Fee is non refundable whether the application is accepted or rejected.