

REGISTRATION FORM

Entries relating to name and address shall be written in **BLOCK LETTERS**

1. Applicant's full Name _____
2. Father's Name _____
3. Husband's Name (if married) _____
4. State : Single/Married _____
5. Date and place of birth _____
(Attach copy of metric certificate)
6. Nationality _____
7. Postal address of permanent residence _____

Paste one Passport size
black & white photo
duly attested by the
Principal Tutor of her
Training School.

8. (i) I took my training as a **NURSE/HEALTH VISITOR** in the _____
_____ (Name of Hospital/School and place) for a period of _____ years.

I joined on _____ 20___ and completed training on _____ 20___ and passed examination held on
_____ 20___.

(ii) I took my training of a **MIDWIFE/AUXILIARY NURSE and MIDWIFE** in the (Name of Hospital/School and
place) _____ for a period of _____ I

joined on _____ 20___ and completed training on _____ 20___ and passed examination held in
_____ 20___

9. Name and address of the Principal Tutor and a Tutor whose certificate is appended to for moral character.

1)

2)

10. Passed the Punjab Nurses Registration Council _____ qualifying
examination for Nurse/Midwife/Auxiliary Nurse Midwife held in the month of _____ 20___ under
Roll No. _____

11. I hereby declare that I know of no circumstances reflecting my character or professional conduct which could
render me ineligible for acceptance on the Register.

Signature of the Applicant

We certify that we are personally acquainted with _____ D/O,
/ W/O _____ and a resident of _____

_____ We believe her to be a woman of good moral character. Her age as stated by her
is _____. She is at present employed as _____ Practicing as _____ She passed
_____ Examination in _____

Signature of certifying authorities →

(i) Principal Tutor _____

(ii) Tutor _____

Address _____

Dated _____