



# Delhi Nursing Council

A. B. College Nursing Building, L. N. Hospital,  
New Delhi - 110002

**Application Form For Registration**  
**Form No - Web / DNC /**

Three  
Photographs  
Attested by  
Employer

1. Surname..... First Name ..... Middle Name .....  
(Write in capital Letter)

2. Father's Name .....

3. Mother's Name .....

4. Husband's Name .....

5. Gender  Female  Male

6. Marital Status  Single  Married

7. Date of Birth: ..... (Attach copy of School Certificate).

8. Place of Birth: ..... 9. Nationality: .....

10. Email Id .....

11. Present Address .....

12. Permanent Address .....

13. General Qualification:.....

14. Name & Address of the Institution where nursing education was obtained

15. Date of Joining : ..... 16. Date of Completion .....

17. Programme of study completed (B.Sc/GNM/MPHW(F)/LHV/Health Supervisor) .....

18. Name & Address of the Employer ( if working presently ) .....

19. Type of Registration required  First Registration  Temporary  Re-registration

**20. For Applicants of Permanent / Temporary Registration ( Provide Certificate of Attestation overleaf )**

20.1 Name & Address of the Examining Body .....

20.2 Date of Qualifying Examination...../...../..... ( DD/MM/YYYY ) Roll No .....

**For Applicants Already Registered**

20.3. Name of the Nursing registration Council with which registered already .....

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20.4. Registration No. RN/RM ..... Date of Removal from register (if any) ...../...../.....

20.5. Date of reinstatement .....Higher Professional Qualifications.....

21. Registration Fee Paid by Cash/DD No. .... for Rs. ....

I hereby declare that the information given above is true to the best of my knowledge and that there are no instances of adverse professional conduct against me that could render me ineligible for registration as Registered Nurse / Registered Midwife / MPH (F) / LHV with Delhi Nursing Council.

Date..... Place ..... Signature Of Applicant .....

**Certificate of Attestation**

We certify that we are personally acquainted with Ms/Mr. ....

D/O W/O S/O ..... whose photograph is attested & affixed on this form. She/he undertook a program of nursing studies at.....

She / he passed the ( B.Sc.Nursing / GNM/MPHW(F)/LHV/Health Supervisor) .....

Examination in the year .....and as per records, She/he bears a good moral character.

Name of tutor..... Signature .....

Name of Principal /..... Signature.....

/ Nursing Superintendent / Employer

Seal of the Institution

Place..... Date...../...../.....

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**For Office Use Only**

Application Checked by .....

Registration fee paid Vide receipt No..... Date ...../...../.....

Registration Number Alloted .....

Date ..... Place.....

Signature of Registrar