

THIS FORM SHOULD BE FILLED IN CAPITAL LETTERS
BY THE CANDIDATE ONLY. USE BLACK INK

FORM IV-A

To
The Registrar,
Tamilnadu Nurses and Midwives Council,
Jayaprakash Narayanan Maligai,
Old No.140, New No.56,
Santhome High Road,
Mylapore, Chennai 600 004,
Tamilnadu, South India.

Passport size colour photo
Signature

FORM OF APPLICATION FOR REGISTRATION (Constituted under the Tamilnadu Nurses and Midwives Act III of 1926)

GENERAL INFORMATION:

1. Certificate Registration : Provisional Original | | Duplicate | Change of Name
2. Type of Registration : Basic Additional
3. Course Completed at : Tamilnadu Others

(Original and Xerox should be produced with name of the institution in which trained and the year, month, date of entrance and date of completion should be specified separately for basic qualification, Degree and Post-Graduate qualification)

4. Description of Qualification : ANM HV
DGNM _____ (Speciality in lieu of Midwifery for male nurse)
PBBSsc(N) B.Sc.(N)
M.Sc.(N) PB Dip.(N) _____
(Specify the speciality)
(Attach Original and Xerox copy of the Diploma/Degree/Post-graduate certificate)

5. Name :

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6. Sex : Male Female

7. Name of the Institution with Place: _____

8. If other state, specify _____ Nursing Council, _____ District
RN No. _____, RM No. _____ Date _____
(Attach Original Registration / Diploma certificate with a xerox copy)

9. Period of training : From

D	D		M	M		Y	Y	Y	Y
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 To

D	D		M	M		Y	Y	Y	Y
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10. Date, Month & Year of passing : _____

11. BANK DETAILS :

a) Name of the Bank and Branch : _____

b) Mode of payment : Challan DD

c) Challan / DD Number : _____ Date _____

d) Challan / DD Amount : _____

(Fee should be paid only as Demand Draft in favour of "The Registrar, Tamilnadu Nurses and Midwives Council, Chennai-4". Demand Draft should be drawn from any Nationalised Bank.)

12. **PERSONAL DETAILS** :

a) Date of Birth :

D	D		M	M		Y	Y	Y	Y
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(Proof of date of Birth should be attached)

b) Marital status : Single Married Widow

c) Father's Name :

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d) Nationality : Indian Others _____(Specify)

Passport No. _____

e) Religion : Hindu Christian Muslim Others _____(Specify)

f) Community : SC ST BC MBC OC Others _____(Specify)

g) Year of passing X or XII or Equivalent to XII : _____

(Xerox copy of X or XII or Equivalent to XII should be attached)

h) ADDRESS : **D/o / S/o / W/o** _____

i) Door No./ House name : _____

ii) Street / Nagar : _____

iii) City : _____ iv) District : _____

v) State : _____ vi) Pincode : _____

vii) Country : _____

viii) Mobile Number : _____ ix) Landline No. _____

x) Email ID : _____

13. CURRENT EMPLOYMENT DETAILS :
(Mention designation, Name of the authority along with address of the employer with phone number and email ID)

PLACE:

DATE :

SIGNATURE OF THE CANDIDATE

CD TO BE SUBMITTED WITH SCANNED PHOTO TO BE SAVED THE FILE NAME AS CANDIDATE NAME (PHOTO FILE SIZE 20 TO 40 KB IN jpg FORMAT ONLY).

- NOTE :**
- 1) REGISTRATION FEE – RS.2000/- FOR DGNM, B.Sc.(N) for PROVISIONAL AND ORIGINAL
 - 2) REGISTRATION FEE – Rs.1000/- FOR ADDITIONAL QUALIFICATION P.B.B.Sc(N), M.Sc(N) & PB Diploma's
 - 3) REGISTRATION FEE – Rs.1000/- FOR ANM, HV.