



MANIPUR NURSING COUNCIL, MEDICAL DIRECTORATE

MANIPUR – 795004

APPLICATION FORM FOR ENROLMENT

&

REGISTRATION OF STUDENTS

20..... - 20.....

(to be filled in by the student's his/ her own handwriting)

Affix a recent
passport size
photo
attested by
the Principal

1. Name of the students in Full:

(in BLOCK LETTERS as entered in HSLC certificate/ Equivalent Certificate)

2. Mother's Name:

(in BLOCK LETTERS as entered in HSLC certificate/ Equivalent Certificate)

3. Father's Name:

(in BLOCK LETTERS as entered in HSLC certificate/ Equivalent Certificate)

4. Category: i. General ☐ ii. OBC ☐
iii. ST iv. SC ☐ ☐

5. Date of Birth : DD / MM / YYYY (as in HSLC/ Equivalent Examinations)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. Postal Address in full:

Pin:

P.O.: P.S:

District: E-mail:

Landmark: Mobile: +91-

7. Name of Institution:

8. Course in which admitted:

a). ANM : 1ST Year ☐ b). GNM : ☐ 1st Year

9. Details of HSLC/ HSE/ Equivalent Examination:

Name of Examination	Roll No.	Year of Passing	Subject/ Stream	Board/ Council/ University	Name of School/ Colleges	Division/ Grade

Declaration by the student

I, hereby declare that all the information given in this application are true and correct to the best of my knowledge and belief I understand that in the event of any information being found false or incorrect at any stage, my registration with Manipur Nursing Council shall be liable cancelled.

Date:

Signature of the student

DECLARATION BY THE HEAD OF INSTITUTION

The particulars of the students furnished here in the application form have been verified and found correct as per records available in this institution.

Date:

Mobile No.:

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Signature of the Head of Institution
(With Office Seal)

For Office (Council) Use only

Remarks: Accepted / Rejected.

Checked by:

Instructions

1. *The duly filled in application form shall be submitted to the office of the Principal of the institution concerned. The Head of the institution shall forward the same to the office of Manipur Nursing Council, Medical Directorate along with necessary fee and documents within the last date fixed by the council, from time to time.*
2. *Incomplete application form without necessary documents and prescribed registration fee shall be rejected summarily.*
3. *A fee prescribed by the Council from time to time shall be charged for correction of any wrong entry in Application form/ Enrolment and the Registration Statement.*
4. *A student should register from any one institution. "In case, a student is found to have been enrolled / registered in more than one institution. – His / Her candidature shall be cancelled, he/ she shall be fined a sum of Rs. 10, 000/- only (Ten Thousand Only), if he / she desires to opt only one of the institutions and continue to be a student of that institution".*
5. *List of documents to be enclosed: (All the Photostats' copies should be attested by the Head of Institution concerned).*
A Photostated copy each of:
 - i. *Admit Card & Certificates of Class Xth Standard.*
 - ii. *XIIth Standard / Equivalent Marksheets & Certificates (Compulsory).*
 - iii. *Provisional Certificate of 12th Standard.*
 - iv. *OBC/ Caste Certificate.*

Note: *Late fine fixed by the council from time to time will be charge if the application is not received within the stipulated time.*