



**INDIAN NURSING COUNCIL
COMBINED COUNCILS BUILDINGS
KOTLA ROAD, TEMPLE LANE
NEW DELHI-110 002**

Self Attested
Photograph

**APPLICATION FOR CONSIDERATION AS AD-HOC INSPECTOR OF
INDIAN NURSING COUNCIL**

1. Name(Block Letters) : _____
2. Designation : _____
3. Present Place of Work : _____

4. Address of Residence : _____
_____ PIN _____
_____ PIN _____
5. Telephone Number : (Off.) _____
(Res.) _____ (Mob.) _____
6. Whether working in Govt./Pvt : _____
7. Date of Birth : _____
8. R.N.R.M. No. : _____
(Attested by Competent Authority)
9. Total Teaching Experience : _____

10(a) Educational Qualification (Copy to be attested by Competent Authority).

Degree	Year	University/Institution

(b) Professional Qualification:

Degree	Year	University/Institution

11. Experience in Teaching
(Appointment/Relieving order attested by Competent Authority to be enclosed)

Course	From	To	Name of the Institution
A.N.M.			
G.N.M.			
B.Sc(N)			
P.B.B.Sc(N)/ Post Graduate			

12. Other Experience:

As Examiner	Name of the State Council/Board/ Any other	From	To
A.N.M.			
G.N.M.			
B.Sc(N)			
Post Graduate			

- 12.a) I hereby declare that the statements made above are correct to the best of my knowledge.
 b) I will be available for inspection whenever called to do so.
 c) I am physically fit to carryout the travel involved in inspection.

SIGNATURE OF CANDIDATE

(From Management/Head of the Institution)

The application of _____(Name of the Candidate) for inspector is duly verified and certified.

Comments may be given with regard to reliability & character of the candidate for inspection of Schools/Colleges of Nursing. _____

Signature_____

Name of Head of the Institution/Competent Authority_____

Designation and Official Stamp_____