

U.P. NURSES & MIDWIVES COUNCIL

5, Sarvapalli, Mall avenue Road, Lucknow-226001

Phone: 0522-2238846, Fax: 0522-2236600

Website: www.upnursesCouncil.org



APPLICATION FORM FOR GOOD STANDING

(Fill the form in capital letters)

1. Name of the Candidate in full & address (as given on the Registration Certificate) Maiden Name.....
Married Name.....
2. Father's Name
3. Present Address
4. Mobile Number
5. E-mail id
6. Professional Qualification A.N.M / Midwife/ H.W./ Nurse / B.SC. Nursing
7. Name of the Training Center (Where training has been received)
8. Registration Number
9. Place where you worked with full details (Enclose certificate in support)

(Signature of the candidate)

Note: Please fill all details as per your Registration Certificate .