



**DELHI NURSING COUNCIL**  
A.B. College of Nursing Building, L. N. Hospital,  
New Delhi – 110002

**APPLICATION FORM FOR ADDITIONAL QUALIFICATION CERTIFICATE  
(ONLY FOR Delhi & IGNOU Pass-out Candidates)**

1. Name: \_\_\_\_\_ D/O.: \_\_\_\_\_
2. Aadhar No. : \_\_\_\_\_
3. DNC Registration No.: \_\_\_\_\_
4. Basic Qualification with College Name : \_\_\_\_\_
5. Applied for: P.B. B.Sc. Nursing/ M.Sc.Nursing: \_\_\_\_\_
6. Course duration : From (month/year)\_\_\_\_\_ to (month /year)\_\_\_\_\_
7. Examination centre: (for Delhi & IGNOU Pass-out candidate)\_\_\_\_\_
8. Examination Board: \_\_\_\_\_
9. Examination Date: month/year)\_\_\_\_\_

**(Signature of Applicant)**

**Enclose:-**Filled application form with the following documents and send it to Delhi Nursing Council through the post.

- Photocopies (duly attested) of all years mark sheet issued by council/Exam Board/Universities, obtained from recognized nursing institute of Delhi
- Copy of degree.
- Address Proof of the nursing training institute from where the training is obtained.
- Duly attested Photocopy (front and back) of Delhi Nursing Council registration Certificate
- Submit the fee Rs.100/- paid through online A/c no. **90682010083742** IFSC code **CNRB0019068**
- Submit copy of screenshot as proof of submission of fee.