



DELHI NURSING COUNCIL

A.B. College of Nursing Building, L. N. Hospital
New Delhi – 110002

APPLICATION FORM FOR MIGRATION CERTIFICATE

(Post Basic B.Sc. Nursing)

1. Name: _____ D/O: _____
2. Aadhar No. : _____
3. DNC Registration No.: _____
4. Basic Qualification with School Name : _____
5. College Name: _____
6. College Address: _____
7. Course duration : From (month/year) _____ to (month /year) _____
8. Affiliated University /Board: _____

(Signature of Applicant)

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

- Original Delhi Nursing Council Registration Certificate.
- Screen shot of the payment of **Rs.236/-** through A/c no. **90682010083742** IFSC code **CNRB0019068 , Canara Bank**
- Letter from college requesting for migration
- Copy of Diploma Certificate
- Copy of Aadhar Card