



# 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 to Delhi Nursing Council through the post.

- Y Original Delhi Nursing Council Registration Certificate.
- Y Submit the fee Rs.236/- paid through online a/c no. **90682010083742** IFSC code **CNRB0019068**
- Y Submit copy of screenshot as proof of submission of fee.