(TO BE FILLED BY STATE NURSES REGISTRATION COUNCIL)

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VERIFICATION CERTIFICATE OF COURSE COMPLETION

This is to certify that Miss/Mr./Ms.	D/o/S/o
	citizen/national, completed his/her
GNM/B.Sc.(N)/ P.B.B.Sc.(N)/M.Sc.(N) from	
	(Name of Institute)
from to, which	is a recognized institution by the
(Nam	e of State Nurses Registration Council) and
Indian Nursing Council for	programme of study and is a recognized
qualification under Section 10 of INC Act, 1947.	
The Diploma/ Degree Certificate is issued from	
	(Name of concerned SNRC, University)

It is certified that this Certificate shall be considered for his/her registration as RN, RM in his/her home Country.

Date of Issue:	
Passport Number:	
Validity of Visa:	

REGISTRAR STATE NURSES REGISTRATION COUNCIL

(TO BE FILLED BY STATE NURSES REGISTRATION COUNCIL)

Registration No.___



VERIFICATION CERTIFICATE OF COURSE COMPLETION

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		9	cit	izen/national,	completed	his/her	
GNM/B.Sc.((N)/ P.B.B.Sc.(N	I)/M.Sc.(N) from _					
(Name of Institute)			ite)				
from	to	, which	is a	recognized	institution	by the	
		(Ni	ame of Stat	e Nurses Reg	gistration Cou	ncil) and	
Indian Nurs	ing Council fo	r	progr	ramme of stu	idy & is a r	egistrable	
qualification	under Section 1	0 of INC Act, 1947	•				

It is certified that this Certificate shall be considered for his/her registration as RN, RM in his/her home Country.

Date of Issue:	 	
Date of Validity:	 	
Passport Number:		
Validity of Visa:		

REGISTRAR STATE NURSES REGISTRATION COUNCIL

(TO BE FILLED BY INSTITUTION)

Registration No.____

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CERTIFICATE OF COURSE COMPLETION

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			citizen/national,	completed	his/her
GNM/B.S	Sc.(N)/ P.B.E	B.Sc.(N)/M.Sc.(N) from			
			· (Name of Institut	te)	
from	to	, which is a recognized	institution by the India	n Nursing Co	uncil for

_____ programme of study.

PRINCIPAL SCHOOL/COLLEGE OF NURSING