

Application for Renewal of Nursing Registration

Current Working Certificate should be enclosed for application processing. Renewal of registrations is applicable only for nurses working in karnataka.

7. In Service Education/Continuting Education Certificate should be Enclosed.

#71, Nightingale Towers 'A' Street 6th Cross A.R. Extension, near Movieland Theater, Gandhinagar, Bangalore – 560009. INDIA.

APPLICANT SIGNATURE

Phone : +91-80-22383230 Website : www.ksnc.in

NAME					
DATE OF BIRTH	(DD) (MM)		AGE	MARITAL STATU	S Single Married
QUALIFICATION	ANM GI		PB BSC	☐ MSC	
PRESENT POSTAL	ADDRESS (Home A	Address)	WORKING ADDR	RESS	
	PINCODE L_ L			PINCODE	
PHONE	ıntry code - std code - number	OF	FICE PHONE	(country code - std code	
	intry code - std code - number			(country code - std code	
PRESENT DESIGNA	ATION	s	PECIALITY (IF YOU A	RE A TEACHER, MENTION DE	ESIGNATION)
REGISTRATION	NUMBER AND D	ATE OF KARN	ATAKA STATE	NURSING COUNC	
DIPLOMA NURSING	G L L L L L		_	(DD) (MM) TE	(YEAR)
ANM NURSING			_	TE	
BSC NURSING			_	TE	
PB BSC NURSING			_	TE	
MSC NURSING			_	TE L L L L	
SPECIALITY			_	TE	
 Enclose photo copies of registration certificate Rs. 100/- DD in any Bank in favour of "Registrar, Karnataka State Nursing Council, Bangalore." Enclose recent passport size photos 2Nos with Registration Number (on reverse side of Photos) Phone, Mobile Number and email address is compulsory. 					