

To

The Registrar
Punjab Nurses Registration Council,
S.C.O. No. 373, Sector 32-D,
Chandigarh.

Paste one passportsize
black & white photo-
duly attested by S.M.O.
or L.H.V. of the train-
ing Centre

Sir,

I request that my name be registered under the Punjab Nurses Registration Act, 1932, as a Trained Dai and that I may be furnished with a Certificate of Registration.

The information necessary for the registration is given below. Two certificates signed by respectable persons who reside in the place of my practice relating to my moral character are given on the reverse.

The registration fee of Rs. 10/- has been sent by Bank Draft or Cash. I passed the Dai's Examination of the Punjab Nurses Registration council held at..... on.....19

I undertake to abide by all rules and Regulations of the Punjab Nurses Registration Council framed from time to time.

Note :—One unattested passportsize black & white photo may be attached with the form for pasting the same on the Registration Certificate under the seal signature of the Registrar.

Yours faithfully,

Date... .. Signature or thumb impression of applicant

1. Applicant's full name
2. Father's name... .. 3. Husband's Name... ..
4. Single, married, widow... .. 5. Age... ..
6. Nationality
7. Postal address of permanent residence
8. I was trained as a Dia in the Health Centre
for a period of... .. year. I joined on... .. 19
and completed training on19.....
9. I passed the P. S. M. Faculty Examination for Trained Dais held in the month of
... .. 19.....
10. I hereby declare that I know of no circumstances affecting my character or professional
conduct which would render me unsuitable for acceptance on the Register.

P.T.O.

Signature or thumb impression of the applicant.