

भारतीय नर्सिंग परिषद्

संयुक्त परिषद् भवन, कोटला रोड,
टेम्पल लेन, नई दिल्ली - 110002



INDIAN NURSING COUNCIL

COMBINED COUNCIL BUILDING, KOTLA ROAD,
TEMPLE LANE, NEW DELHI - 110002

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत सांविधिक निकाय
Statutory Body under the Ministry of Health & Family Welfare

F.No. 22-10/2015-INC

Dated _____

(Pl. quote reference no.)

30 DEC 2015

To,

The Registrar,
All the State Nursing Councils

Subject:- Certificate of Course Completion in case of foreign nationals- regarding

Sir/Madam,

Please refer to the subject given above. As you are aware, that foreign nationals who undertake nursing training in India cannot be registered with any State Nursing Council in India for employment nor on temporary basis during the study period or after completing the study. A number of applications are being received from such foreign candidates who later find it difficult to get registered in their respective Country for want of verification of training.

It is therefore, enclosed Certificate of Course Completion may be filled and issued to the candidate by the concerned Principal, School/College of Nursing after verification by the State Nurses Registration Council. A Certificate of Verification as enclosed may also be issued by the State Nurses Registration Council. Please ensure that the procedure is followed by all the Schools/Colleges of Nursing in your State.

Yours faithfully,


(RANJEET KAUR)
SECRETARY

Encl : as above

नर्सिंग शिक्षा के समान स्तर को प्राप्त करने का प्रयास

Striving to achieve uniform standards of Nursing Education

Website: www.indiannursingcouncil.org E-mail: secy2010@indiannursingcouncil.org
Phone: 011-23235570, 23235619, 23220075, 23220076 Fax: 011-23236140

(TO BE FILLED BY INSTITUTION)

File No. _____

Photograph
attested by
Principal of
the College
studied

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 Indian Nursing Council for
_____ programme of study.

**PRINCIPAL
SCHOOL/COLLEGE OF NURSING**

(TO BE FILLED BY STATE NURSES REGISTRATION COUNCIL)

File No. _____

Photograph
attested by
the
Registrar of
the SNRC

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
_____ (Name 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: _____

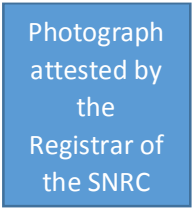
Passport Number: _____

Validity of Visa: _____

**REGISTRAR
STATE NURSES REGISTRATION COUNCIL**

(TO BE FILLED BY STATE NURSES REGISTRATION COUNCIL)

Registration No. _____



VERIFICATION CERTIFICATE OF COURSE COMPLETION

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 _____ (Name of State Nurses Registration Council) and Indian Nursing Council for _____ programme of study & is a registrable qualification under Section 10 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. _____

Photograph
attested by
the Principal of
the College
studied

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 Indian Nursing Council for
_____ programme of study.

**PRINCIPAL
SCHOOL/COLLEGE OF NURSING**