Tripura Nursing Council
Directorate of Health Services,
Government of Tripura
P.N. Complex, Gurkhabasthi,
Agartala, Tripa west

Application for NOC Self Declaration Format

I do hereby declare that, the following information furnished by me are correct as per best of my knowledge.

1. Name :-
2. D.O.B. :- Age:-
3. Sex:-
4. Fathers'/ Husband's name :-
5. Permanent Address :-
6. Present qualifying Status with year of passing: - ANM/GNM/PBBSC (N) / BSc.(N)/ M.Sc. (N)/M.Phil(N) / Ph. D. Nursing:-
7. Name of Institutions from where Passed out:-
8. Present Status of Employment :-Govt. /Pvt./ Others
9. If employed, Place of posting with complete Address:-
10. R.N.R.M / RANM No:-
11. NOC opted for which Course :-
12. NOC for which Council/Board:-

Signature of Applicant
With date