

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](http://www.indiannursingcouncil.org) E-mail: [secy2010@indiannursingcouncil.org](mailto: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**