

Vishwakarma Nursing Council of India

Under the Management of Vishwakarma University
For Self-Employment, India

Website: www.vishwakarmauniversity.com
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MEMBERSHIP FORM

Name of Nursing Professional _____
Date of Birth/ Age _____
Father's/Mother's Name _____
Name of the Training Institute _____
In-Service Experience as Full Time Nursing _____
Residential Address _____
Contact / Mobile No.(s) _____
Two Medical/ Para-Medical References _____
(1) Name, Signature, Mob.No. _____
(2) Name, Signature, Mob.No. _____

Please Enter the Above Specified Name in the Nursing Register of Vishwakarma Nursing Council of India to Work/ Practice as Full Time Nurse and to issue the Registration Number of the Vishwakarma Nursing Council of India.

I am hereby Remitting & Transferring fund through Bank / NEFT For Life Time Membership of Rs.5000/- (Rs.Five Thousand Only). Scan Copies of Bank Deposit Receipt & Membership Form are being sent through E.Mail.

Signature of the Applicant Nursing Personnel

Amount can be Remitted through Dena Bank Branch Nearby or National Electronic Funds Transfer System(NEFT) from any Bank or Directly in any Branch of **Dena Bank** in favour of ' **Vishwakarma University For Self-Employment, India**' In DENA BANK, CURRENT A/C NO. 051411023888, WAZIRPUR BRANCH ASHOK VIHAR, DELHI- 110052. IFSC Code: BKDN0710514.

