Examination Committee Nepal Nühing Council Bansbari Fathmandu

APPLICATION FORM FOR NATIONAL LISENSURE EXAMINATION FOR NURSES (NLEN)

A.	PERSONAL INFORAMT	ION		0. 2053	/			
Pl	ease fill up in CAPITAL L	ETTER	in Eng	lish.				
1.	Full Name of Applicant:							
		First Name				Last N	Vame	Affix
2.	Father's Name:						_	applicant recent
3.	Mother's Name:						_	photo
4.	Nationality:							
5.	Date of Birth: B.S.		/		/		-	
		Day		Month		Year	-	
	A.D.		/		/		_	
		Day		Month		Year	-	
6.	Permanent Address:							
	District			_ Zone				
	VDC/Municipality:						Ward No:	
7.	Temporary Address:							
	Telephone Number: (Hor	ne):			(1)	/lobile)		
	E-mail Address (if availa	ble):						
В.	PROFESSIONAL EDUCA							
1.	Name of Nursing School	/ Institu	ute :					
2.	A 11							
3. Telephone Number:								
4. Type of Program Completed tick (\checkmark) Mark the appropriate box								
□ Proficiency Certificate Level (PCL) Nursing from Nepal								
□ Bachelor of Science in Nursing (B.Sc. N.) from Nepal								
	□ If Others Specify (Coun	-						
	(Program)							
5	. Date of Entry in the Prog	gram:		/		/		
			Day		Month		Year	
	6. Date of Graduation:			/ .		/		-
			Day		Month		Year	
	I Hereby declare that this		ation a	nd docume	ents provi	ded is tr	ue, and will	be accountable and
	punishable if anything foun	d false.						
	Received by:							
	Name of NNC Staff :	Signature of Applicant: Date :						
Date :								

Note: Attach the documents as prescribed in Test Guideline (NLEN)