

Re. 1

Sr. No. _____

CERTIFICATE OF TRAINING

Name of the Institution _____

with full address _____

We hereby certify that Shri./Smt. _____
has undergone _____ training

(Name of the Training)

prescribed by the Act, Rules and Bye laws of the Maharashtra Nursing Council, Mumbai

From _____ To _____

From _____ To _____

From _____ To _____

Also, he/she has taken training for _____

(Name of the Training)

at _____

(Name of the Training Institution)

from _____ to _____ as laid down by the Council.

His/Her Date of Birth as per School Leaving Certificate is _____

and the Place of Birth is _____

He/She is Single/Married.

It is also certified that :—

(a) He/She is not taken leave for a longer period than that prescribed in the rules.

(b) He/She is not taken leave for a longer period than that prescribed in the rules which has been made up by him/her.

It is also certified that He / She has passed the examination conducted by the Council / University vide

Seat No. _____ held in the month of _____

Place : _____

Date : _____

Name and Signature of the Principal,
School/College of Nursing
with rubber Stamp.

Name and Signature of
the Matron of the Institution
with Rubber Stamp.

Strike off which is not applicable.

* If the hospital is a partial training School, name of training, the name of hospital and length of period where the additional training taken is to be shown in this column.

(G.C.P.) O 2105 (B) (20,000-12-2011)