



NURSING AND MIDWIFERY COUNCIL OF NIGERIA

Information Required For Verification

Applicant should fill 1 - 9

1. NAME OF APPLICANT:.....
2. MARITAL STATUS:.....(b) Sex..... (c) *If married Maiden name*.....
3. REGISTRATION NO(S) to be verified:.....
4. SCHOOL OF TRAINING:.....
5.
6. MONTH & YEAR QUALIFIED..... *Expiry Date of Licence*.....
7. DATE OF BIRTH:..... *Licence No.*..... *Licence Pin No.*.....
8. RECEIPT NO AND DATE:..... *Amount Paid*.....
9. CONTACT ADDRESS AND PHONE NO:.....

FOR OFFICIAL USE

REF NO (S).....

NAME:.....

SCHOOL(S) OF TRAINING.....

REG. NO(S):.....

REG. DATE(S).....

QUALIFICATION DATE(S):.....

DATE OF BIRTH:.....

RECEIPT NO. AND DATE..... *Amount Paid*.....

Verified by:.....