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KERALA NURSES AND MIDWIVES COUNCIL

RED CROSS ROAD, THIRUVANANTHAPURAM- 35

No.B2.479 /13/NC

22.02.2013

CIRCULAR

Heads of all Schools and Colleges are hereby requested to fill up the proforma enclosed and send it at the earliest, preferably through e-mail or by speed post. Kindly consider it as most urgent.



To

The Heads of all Schools and Colleges conducting GNM Programme.


REGISTRAR
Registrar
Kerala Nurses and Midwives Council
Red Cross Road
Thiruvananthapuram-695035

Name of School of Nursing:

KERALA NURSES AND MIDWIVES COUNCIL, THIRUVANANTHAPURAM
PROFORMA FOR TEACHING FACILITY (INTERNSHIP) IN SCHOOLS OF NURSING

Sl No	Name & Residential Address of the Principal & Tutors with mobile no. & email id	Age & Date of Birth	Professional Qualification with month & year of passing & Name of Institution/University		Post held	Date of joining in the present Institution	Date of joining in the present Post	KVMC Registration no:	Total years of Experience		Subjects Taught	Remarks
			BSc	MSc					Clinical	Teaching		

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Signature of