



झारखण्ड परिचारिका निबंधन परिषद्

स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग
झारखण्ड, राँची



पुरलिया रोड, सिविल सर्जन राँची के कार्यालय के बगल परिसर, राँची, झारखण्ड 834001
ई-मेल: registrarjnrc@rediffmail.com, वेबसाईट: www.jnrcranchi.com

पत्रांक:- 412 / JNRC

राँची / दिनांक:- 04.11.2022

आदेश

दिनांक 08.11.2021 को विभागीय निष्पादन समिति की बैठक विभागीय अपर मुख्य सचिव की अध्यक्षता में आहुत थी। उक्त बैठक के निर्देशानुसार, झारखण्ड राज्य अंतर्गत सभी नर्सिंग संस्थानों को निर्देश दिया जाता है कि आदेश निर्गत के दो सप्ताह के अंदर संस्थान अपने भवन तथा शैक्षणिक कर्मियों की सूची शपथ पत्र के माध्यम से, संलग्न प्रारूप में परिषद् कार्यालय को उपलब्ध कराना सुनिश्चित करें।

[Handwritten Signature]
04.11.22

निदेशक प्रमुख-सह-अध्यक्ष
झारखण्ड परिचारिका निबंधन परिषद्,
झारखण्ड, राँची

Affidavit

It is hereby certified that the below mention facts and statements are true.

1. It is hereby certified that I am the Director / President of _____ school / college.
2. The detailed mentioned in the application submitted by _____ school/college are only for Nursing School / College.
3. No part of the said block/building is being utilized for other purpose / other schools or colleges or any other programs.
4. If-

Details of other institution run in this building/area are as follow:

Sl No.	Name of the institution	Complete Address	Program	NoC from	Affiliation from	Image
1						
2						
3						

The above mentioned facts and statements are true and if found false, I'll be responsible for cancellation of NoC and affiliation for concerned institution without any prior notice / information.

Affidavit

It is hereby certified that the below mention facts and statements are true.

1. It is hereby certified that I am the Director / President of _____ school / college.
2. The detailed mentioned in the application submitted by _____ school/college are only for Nursing School / College.
3. It is hereby certified that the list of teachers attached to this affidavit are only for _____. (Name of the program)
4. It is hereby certified that the list of teachers attached to this affidavit are currently teaching in this institute and if any changes made, it will be further be notified to JNRC.

The above mentioned facts and statements are true and if found false, I'll be responsible for cancellation of NoC and affiliation for concerned institution without any prior notice / information.

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List of Teaching Faculty for Affidavit

Name of the Institute -		Full Address -				E-mail ID -	
Name of the Programme- _____ (only for single programme)							
Si. No	Name of the Faculty	Father's Name/Husband Name	Qualification	Post	Experience	Adhar No.	NUID No /