

MAHARASHTRA NURSING COUNCIL, MUMBAI

(TO BE FILLED BY INSTITUTION)

Photograph
Attested by
The Principal of
The College
Studied

Registration / PRN No. _____

CERTIFICATE OF COURSE COMPLETION

This is to certify that Miss/Mr./Ms. _____ D/o/S/o
_____, _____ citizen/national, completed
his/her ANM/GNM/B.Sc.(N)/M.Sc.(N) from _____
(Name of Institute)

From _____ to _____ which is recognized institution by the (State
(DD/MM/YYYY) (DD/MM/YYYY)
Nursing Council) and is found Suitable by Indian Nursing Council for
_____ programme of study.

**PRINCIPAL
SCHOOL/COLLEGE OF NURSING**