



INAMA Y'IGIHUGU Y'ABAFOROMOKAZI, ABAFOROMO N'ABABYAZA
NATIONAL COUNCIL OF NURSES AND MIDWIVES
CONSEIL NATIONAL DES INFIRMIERES, INFIRMIERS ET DES SAGES-FEMMES
P.O BOX 4259 KIGALI MOB. TEL : (250) 0788386969/ 3869info@ncnm.rw

STUDENT'S APPLICATION FOR INDEXING

INDEX N°...../...../....

Please **do not** write above this line



PLEASE NOTE:

You **must** complete all relevant sections and sub-sections **except** where it is written 'optional'

The NCNM may choose to ask you to supply documents relevant to your application

Section 1:

1.1. NAME OF SCHOOL/ INSTITUTION:

1.2. PROGRAMME: GEN. NURSING MENTAL HEALTH/ PSYCH MIDWIFERY

(Please put X where applicable)

1.3. DATE OF COMMENCEMENT OF NURSING OR MIDWIFERY PROGRAMME://20....

Section 2: Personal information

2.1	Family name	
2.2	First name	
2.3	Middle name (<i>Optional</i>)	
2.4	Date of birth / /
2.5	Nationality	
2.6	Gender	MF <input type="checkbox"/> <input type="checkbox"/>
2.7	Father'sname/ Guardian	
2.8	Mother'sname/ Guardian	
2.9	ID Card N°	
2.10	Place of issue	
2.11	Names on ID card	

Section 3: Addresses

A.	Residential/ Home Address	
3.1	Cell (Akagari)	
3.2	Sector	
3.3	District	
3.4	Province	
3.5	Tel.N°(Mobile)& <i>Alternative</i>	
3.6	E-mail	

B.	Postal Address	
3.5	Full Name or C/O	
3.6	Postal Box N°	
3.7	Town	

3.9	Fax (Optional)	
3.10	E-mail	

Section 4: Secondary School(s) Attended (For A,B&C fill each sub-section if applicable)

A.	Senior Secondary School(s) (TroncCommun& Higher)	From Month/Year	To Month/Year	Results/Grades
4.1	/...../.....	
4.2	/...../.....	
4.3	/...../.....	

B.	Main Subjects (general subjects only) in high school	Results/Grades
4.5		
4.6		
4.7		
4.8		

C.	Nursing/Midwifery school(s) Attended	From Month &Year	To Month/Year	Results/Grades
4.13	/...../.....	
4.14	/...../.....	
4.15	/...../.....	

D.	If previously registered with the Council: Please, do not put application number
4.16	RegistrationN° :
4.17	License N°

Section 5: Indexing Background

A. Were you previously indexed with any Nursing and Midwifery Council?

Yes

No

If yes, state the regulatory authority and the Nursing/ Midwifery School:

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Section 6: Student's Declaration

I hereby affirm that all the information given above is complete and correct.

Name:

Signature:

Date:/...../20.....

(For school authority only)

Indexing FeePaid: RwF 5000

Course Coordinator's Name& Title:.....

Signature:

D/ M/Y

Date://

Official School Stamp