

**OFFICE OF THE REGISTRAR
MANIPUR NURSING COUNCIL
LAMPHEL – 795004**

NOTICE

Imphal, the 13th September 2026

File No. 1/Meet/MNC - 2020 (Pt.) - It is hereby informed to all the Nurses that those who are already registered with or possess a valid registration under any State / UT Nursing Council may not be required to obtain separate registration with the Manipur Nursing Council subject to the fulfilment of the conditions mentioned below:

i. Such a person shall be required to submit a self-certification in the format given at FORM 1 to the Manipur Nursing Council within 15 days from the date of start of practice. The Manipur Nursing Council shall maintain a separate list of such practitioners indicating his/her registration numbers in their respective nursing councils.

ii. The Manipur Nursing Council will independently undertake internal verification with the parent or presently registered state nursing council of credentials and veracity of such persons. If any such person is found, after due verification/enquiry, to have been involved in any misconduct, his/her enlistment in the separate list referred to at rule 7A(1)(i) shall be liable to cancellation.

iii. Such persons shall ensure full compliance of provision of the Manipur Nursing Council Act, 2005 and rules made by the State and all such provisions of Act and rules shall be applicable to him/her.”

Such Nurse as mentioned at above may also register if they so desire, at any point of time, by following the due procedure in accordance with those Manipur Nursing Council rules.

This order shall take effect from the date of its issue.



(Prof. Aribam Jamuna Devi)
Registrar
Manipur Nursing Council
Lamphel

Copy to:

1. The P.S. to Commissioner cum Secretary, Health & Family Welfare, Govt. of Manipur for kind information.
2. The Director Health Services, Govt. of Manipur, for kind information.
3. The Director Family Welfare, Govt. of Manipur, for kind information.
4. The President, Manipur Nursing Council for kind information.
5. The Director, Medical Education for kind information.
6. Guard file.

FORM-1

[see rule 7A]

**MANIPUR NURSING COUNCIL
SELF-CERTIFICATION FORMAT
NON-JUDICIAL STAMP PAPER**

I, Mr./Ms./Mrs. _____, S/D/W/O
_____, aged _____ years, resident of
_____, do hereby solemnly declare and
affirm the following:

1. That I am a registered nurse practitioner with the _____
Nursing Council. My Registration Number is _____ dated
_____.
2. That my registration is valid till _____.
3. That I am not involved in any complaint, moral turpitude, or criminal case, nor is any such
case or disciplinary action pending against me in any court of law or nursing council in India.
4. That I have not been involved in any unethical nursing practice.
5. Authenticity of Documents: All information and certificates submitted by me in my
application are true, correct, and valid to the best of my knowledge and belief. I have not
concealed or misrepresented any facts.

UNDERTAKING

I understand that if any of the declarations provided above are found to be false or incorrect at
any stage, my registration/candidature shall be liable to immediate cancellation by the Manipur
Nursing Council or competent authority. Furthermore, I shall be subject to strict disciplinary and
punitive actions as per the rules.

Signature of the Applicant: _____
Name: _____
SNC Reg. No.: _____
Contact No.: _____
Email: _____

Date: _____

Place: _____