

Punjab Nurses Registration Council – Transfer / Migration Form

The Principal \_\_\_\_\_ Institution \_\_\_\_\_  
Candidate \_\_\_\_\_ S/o / D/o \_\_\_\_\_ Joined this Institute  
for training as a \_\_\_\_\_ on \_\_\_\_\_ and is leaving us on \_\_\_\_\_ due to  
reason \_\_\_\_\_ He / She passed course name 1<sup>st</sup> year  
on \_\_\_\_\_ examination held in \_\_\_\_\_ He / She had  
\_\_\_\_\_ Annual leaves \_\_\_\_\_ Casual leaves and \_\_\_\_\_ Sick Leaves  
during that period.

Mr. / Miss. \_\_\_\_\_ S/o / D/o \_\_\_\_\_ has attended the  
number of lectures in the subjects of 2<sup>nd</sup> Year as noted below and has had experience in the  
Nursing of \_\_\_\_\_ Patient. Her Practical work is \_\_\_\_\_  
I have no objection to his/her admission in \_\_\_\_\_ Nursing School  
to complete remaining course / training.

**Details of Attendance:-**

Sr. No.	Subjects	Date (s) of Attendance	No. of Lectures
1			
2			
3			
4			
5	Clinical Training		

Signature of Principal (With Office Stamp)  
(Relieving School of Nursing)

Name of Principal ..... RN / RM No.....

E-mail Id: ..... Mobile No. ....

Dated \_\_\_\_\_ Institution \_\_\_\_\_

I have no objection to his / her admission in my Institution. I certify that our Institute has vacancy  
of seat in the class & course in which the student is seeking migration.

Signature of Principal (With Office Stamp)  
(School of Nursing to which student is being migrated)

Name of Principal ..... RN / RM No.....

E-mail Id: ..... Mobile No. ....

Dated \_\_\_\_\_ Institution \_\_\_\_\_

Registrar  
Punjab Nurses Registration Council  
Mohali.