



ZANZIBAR NURSES AND MIDWIVES COUNCIL

REQUEST FOR TEMPORARY REGISTRATION AND LICENSE

Names in full (Block letters).....

Sex.....**Place of Birth**.....**Date of birth**...../...../.....

Nationality.....National ID or Passport number.....

Name and address of employer (**if any**).....

.....

Nature of employment (**if any**).....

PERMANENT HOME ADDRESS

Country.....Email address.....

State/District/Province.....

Postal address.....

Qualification.....**Date and Year obtained**...../...../.....

Training Institution.....

Your license Number.....**Date of issue**...../...../.....**Date of Expired**...../...../.....

Name of the Nursing and Midwifery Council.....

Website

Email address of the Council.....

Declaration

I declare that the information given in this form is true
to the best of my knowledge.

Signature.....**Date**.....

Fees paid: US\$ 80 (<6 months) OR US\$ 150 (3 year)

1. The amount is payable using **Control Number** available at ZNMC office (**for Non-citizen**)

Attachment

1. Copy of the National ID or Passport
2. **Copy of professional award (original copy verified)***
3. **Copy of transcript award (original copy verified)***
4. Valid license from Nursing Council (**Non-Citizen**)
5. **Police Clearance report (Non-Citizen)***
6. **Valid residence permit***
7. **Letter of good understand**
8. One colored passport size photographs
9. Bank pay slip

OFFICIAL USE ONLY	
Profession.....	
Valid from.....	Valid to.....
Signature of Chairperson.....Signature of Registrar.....	
Date.....	Date.....

**Send to: The Registrar
Zanzibar Nurses and Midwives Council
P. O. Box 236 Zanzibar
Mobile +255773530927**