



SEYCHELLES NURSES AND MIDWIVES COUNCIL
P.O.BOX 1610,MAHE, SEYCHELLES

**VERIFICATION OF ENTRY (IES) ON THE PROFESSIONAL REGISTER
FOR NURSES & MIDWIVES**

To be completed by applicant (block letters please)

SURNAME:

FORENAMES:.....

MAIDEN NAME:.....

REGISTRATION NO:.....

REGISTRATION DATE:.....

To be completed by an officer of registration authority

I confirm that the Nurse named above has correctly recorded the details of his/her
Registration.

The registration is/is not currently valid
(Please delete as appropriate)

The programme which led to that registration was completed

.....
.....

Signature:

Date:

Position held:

Registration Authority (plus Stamp/Seal):