

क्रमांक:- प.04 / आरएनसी / 2026 / 679

दिनांक : 14/5/26

**OFFICE-ORDER**

**Subject :- Fees Calendar For Provisional (2026-27) Recognition/Permission**

As per the decision taken by recommendation of Committee of Experts, Provisional Annual (2026-27) **Recognition/ Permission** fee calendar will be as follows:-

**A. Time Schedule for submitting application for Provisional Recognition/Permission.**

Date / Period	Recognition Fees	Penalty
15 May 2026 — 31 May 2026	As mentioned below	NIL

**Note :-**

1. A set of following documents will be treated as complete application for provisional recognition/ permission :-
  - A. Forwarding letter of application ( as per performa attached herewith-Annexure-A)
  - B. Receipt of provisional recognition/permission fees obtained from account section of Rajasthan Nursing Council.
  - C. Duly filled affiliation format signed by the principal of the institute.
  - D. All supportive annexure of affiliation format along with valid NOC of State Government.
  - E. Affidavit ( as per performa attached herewith annexure - B/B-1).
2. After receiving the complete application for provisional recognition / permission, the same will be processed by the RNC to grant the provisional recognition / permission, as per rules of RNC.
3. Complete application for provisional recognition / permission (in hard copy) should reach in RNC within the stipulated time frame. Online submission of application for provisional recognition / permission and fees, will not be accepted.
4. The date of receipt of hard Copy of complete application In RNC will decide the penalty as mentioned above
5. In case the last day is a holiday, the next working day will be considered as the last date for submission of application for provisional recognition / permission. The application will be treated as "Rejected" if the same is not accompanied with the prescribed Recognition / Permission fees receipt, affidavit and NOC of State Government. In this case of rejection, action will be taken by RNC as per rules.



**B. Provisional Recognition/Permission Fee Schedule as per Recommendation of Committee**

1. From 15 May 2026 — 31 May 2026

Name of course	Recognition Fees (One Time)	Annual Affiliation (2026-27)
Nurse Practitioner Midwifery Educator (NPME)	Rs. 10,000/- + GST	Rs. 10,000/- + GST
Nurse Practitioner Midwifery (NPM)	Rs. 10,000/- + GST	Rs. 10,000/- + GST

Note :-

1. Applicant institute is directed to deposit the applicable recognition/permission fee in the form of Demand Draft (DD) in favour of Registrar, Rajasthan Nursing Council, Jaipur. The DD should be deposited in account section of RNC, before submitting the application for Provisional Recognition/Permission. The receipt of the deposited Recognition / Permission fee should be enclosed with the application and details of the receipt should be mentioned at appropriate place in forwarding letter of application. Without fee receipt, the application will be treated incomplete & the same will be rejected.
2. The institute is required to submit a common application (With supporting documents) for course (i.e. Nurse Practitioner Midwifery – Educator (NPME), Nurse Practitioner Midwifery (NPM) ) run by institute.
3. After submission of application for Provisional Recognition/Permission, the deposited fees will not be refunded/adjusted in any case.
4. In Case of Annual Provisional Recognition/Permission:-
  - (i). A Scrutiny committee will examine the eligibility of applicant institute for granting Provisional Recognition/Permission on the basis of INC/RNC norms and point out the deficiency (If Any) for fulfilment or recommend for granting Provisional Recognition/Permission.
  - (ii). Institute will be intimated by email/letter for the deficiency pointed out by the Scrutiny Committee for fulfilment of the same. If the institute fails to fulfil the deficiency, as pointed out by the Scrutiny Committee of RNC, in the stipulated time period, then council will declare the session as Zero Session (for that particular course) for such institute and deposited fees will not be refunded/adjusted by the council.
5. List of institutes found eligible by the Scrutiny Committee of RNC for granting Provisional Recognition/Permission will be uploaded on the RNC official website i.e. <http://www.rncjaipur.org>
6. All institutes which are under Provisional Recognition/Permission of RNC strictly have to follow the rules of RNC. No applicant institute shall be allowed to discontinue the study of any course without prior permission of RNC. An application for such permission shall be made to the Registrar, RNC by the head of the institute, duly forwarded by the management, atleast one full academic year in advance, stating the reason in support of the proposal and the resolution of managing body should be enclosed

  
(Joice Kurian)

Registrar  
Rajasthan Nursing Council  
Jaipur

Forwarding letter of Application for want of Provisional Annual (2026-27)

No.

Date

To,

The Registrar  
Rajasthan Nursing Council  
Jaipur

Reference: Fees Calendar For Provisional Annual (2026-27)

Sir,

With reference to the above cited subject, we are submitting the application for Provisional recognition/permission of RNC for the course mentioned below for the academic session 2026-27.

**Name of College :**

**Address :**

**Mobile No of Principal :**

**Email ID of College :**

Name of Course	Annual Intake	Recognition/Permission Fee amount (as per fee calender)	D.D. No./Date/Bank	*Receipt No. (Issued by RNC)
Nurse Practitioner Midwifery – Educater (NPME)				
Nurse Practitioner Midwifery (NPM)				

\*Receipt No. is Printed over the receipt of DD obtained from accounts section of RNC

**Enclosures:**

Space for RNC

Receipt

- (A) Receipt of Recognition/Permission fee obtained from accounts section of RNC
- (B) Recognition/Permission Form (dully filled-in and signed by the Principal of school / college)
- (C) All supporting annexure of affiliation format along with valid NOC of State Government.
- (D) Affidavit (as per Performa, i.e.-Annexure-B / B-I)

[It is confirmed again that complete Recognition/Permission fee has been deposited in accounts section of RNC in form of D.D. and receipt of the same is attached herewith School/College authorities will be responsible for non-deposition of complete Recognition/Permission fee (including penalty) if applicable]

NOTE - Please apply with prescribed fees (10,000/-) per course per year within a period of 07 days.

Signature of Principal/Secretary  
of the applicant College/Society/Trust (With seal)

Name -

Mobile No -

**Format of Affidavit to be submitted by School/College seeking  
Provisional Recognition/Permission from Rajasthan Nursing Council  
(For Government School/Colleges)**

**AFFIDAVIT**

(To be given in Rs. 500\*- Non-judicial stamp paper duly notarized)

I.....son /daughter of.....aged.....  
Resident of.....  
in the capacity of the principal of ..... (Name of  
School/College) do hereby state on affirmation that in connection with our application dated .....  
submitted to Rajasthan Nursing Council along with submission of stipulated fee for the  
Provisional Recognition/Permission of (Name of Courses) with annual intake of (NPME).....  
(NPM).....Seats for the academic year 20.....-20.....do hereby solemnly affirm to state and declare  
as under.

1. That we have provided adequate infrastructure, land & building and other facilities as per norms of concerning higher council (INC) for the said course & intake.
2. That principal and teaching staff of institution is regular and qualified as per norms of concerning higher council (INC) for the said course.
3. Hon'ble Court/state government has not stopped/banned the admission of student in our school/college in the course applied.
4. That no transference of management shall be made except with the prior approval of the RNC and the State Government and the school/college shall faithfully adhere to the provisions of the Act, statutes, ordinances and regulations of the RNC.
5. That the information given by us in the application & duly filled in RNC affiliation format submitted to the RNC is true and complete. Nothing is false and no material has been cancelled.

DEPONENT

I ..... Son/daughter of.....( The above deponent) do  
herbyverify that the facts stated in the above affidavit are true to my knowledge . No part of the same is false and  
no material has been concealed there form.

Verified at ..... (Name of the place) on this the.....(Date)

DEPONENT

राजकीय / निजी क्षेत्र में संचालित नर्सिंग संस्थानों की अस्थायी सम्बद्धता प्रपत्र (सत्र - 20.....20.....)

क्रम संख्या	चाही गयी सूचना	विवरण (संस्था द्वारा भरा जावे)	संलग्न पेज संख्या
1.	संस्था के ट्रस्ट / सोसायटी का नाम, पता एवं दूरभाष नम्बर सविधान की प्रति मय सदस्य सूची।		
2.	कॉलेज / स्कूल का नाम, पता एवं दूरभाष नम्बर पता निर्धारण हेतु नवीनतम बिजली / टेलीफोन / पानी के बिल।		
3.	प्रधानाचार्य का नाम, मो0 नम्बर तथा संस्था का ई-मेल आईडी		
4.	संचालित नर्सिंग कोर्स का नाम एवं सीट संख्या। संस्था को राज्य सरकार द्वारा प्रदत्त NOC एवं RUHS द्वारा जारी गतवर्ष का सम्बद्धता पत्र संलग्न करें।		
5.	संस्था की भूमि व प्रशासनिक भवन संबंधी दरस्तावेज		

6.	<p>प्रशासनिक भवन / टीचिंग ब्लॉक का कुल निर्मित क्षेत्रफल। निर्मित क्षेत्र का उपयोग सहित प्लोर प्लान (सक्षम अधिकारी / पंजीकृत आर्किटेक्ट द्वारा प्रमाणित प्लोरवार्ड्स ब्लूप्रिन्ट, जिसमें उपयोग का स्पष्ट उल्लेख हो, संलग्न करें)।</p>		
7.	<p>प्रशासनिक भवन में उपलब्ध कक्षा कक्षों, लैब्स, लाइब्रेरी, स्टाफ रूम एवं अन्य कक्षों की सूची मय क्षेत्रफल।</p>		
8.	<p>संस्था की टीचिंग फ़ैकल्टी, ऑफिस स्टाफ एवं लाइब्रेरी स्टाफ की सूची मय योग्यता दस्तावेज एवं नियुक्ति / सहमति पत्र। (टीचिंग फ़ैकल्टी के अपडेटेड RN/RM सर्टिफिकेट संलग्न करें।) स्टाफ की उपस्थिति पंजिका की पिछले तीन माह की छायाप्रति एवं सैलेरी स्लिप / विवरण संलग्न करें।</p>		
9.	<p>लैब अनुसार उपकरणों की सूची।</p>		
10.	<p>लाइब्रेरी में उपलब्ध पुस्तकों, पत्रिकाओं व जर्नल की सूची।</p>		
11.	<p>स्वयं का / परेन्टल एवं सम्बद्ध अस्पताल से संबंधित दस्तावेज (शापथ पत्र एवं पॉल्यूशन कंट्रोल बोर्ड सहित)</p>		

12.	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी द्वारा स्वयं का /पेरेन्टल एवं सम्बद्ध अस्पतालों की बेड ऑक्यूपेन्सी का नवीनतम प्रमाण-पत्र।		
13.	संस्था के प्रशासनिक भवन से स्वयं के /पेरेन्टल /सम्बद्ध अस्पताल एवं छात्रावास की दूरी का PWD के सक्षम अधिकारी द्वारा जारी प्रमाण-पत्र।		
14.	संस्था के छात्रावास का कुल निर्मित क्षेत्रफल (पुरुष एवं महिला छात्रावास का पृथक-पृथक) छात्रावासों का सक्षम अधिकारी /पंजीकृत आर्किटेक्ट द्वारा प्रमाणित ब्लूप्रिन्ट।		
15.	संस्था की पिछले वित्तीय वर्ष की सी.ए. द्वारा ऑडिटेड बैलेन्स शीट एवं बैंक पासबुक।		
16.	संस्था के Rural एवं Urban Field की सूचना /विवरण		
17.	संस्था के वाहन के दरतावेज तथा ड्राइवर का लाइसेंस।		
18.	संस्था के अध्ययनरत छात्रों की कोर्स व कक्षावार सूचना (नाम, पिता का नाम व जन्मतिथि)।		
19.	संस्था द्वारा दी गई सूचनाओं की सत्यता संबंधी शपथ-पत्र (प्रधानाचार्य /सचिव /अध्यक्ष द्वारा प्रदत्त)		

नोट :- समस्त संलग्न दरतावेज संस्था प्रधान अर्थात् प्रधानाचार्य द्वारा सत्यापित होने चाहिए।