राजस्थान नर्सिंग कौंसिल, जयपुर
बी–39, सरदार पटेल मार्ग, सी–स्कीम,
जयपुर–302001, राजस्थान

Rajasthan Nursing Council, Jaipur
B-39, Sardar Patel Marg, C-Scheme,
Jaipur – 302001, Rajasthan

राजस्थान सरकार
Government of Rajasthan

Sr.No. :-RNC/Academic/2026/ 1008 **Date :** 13-11-2026

OFFICE-ORDER

Subject :- Fees Calendar For Provisional Annual (2027-28) Recognition/Permission

Recommendation of Committee of Experts, Provisional Annual **(2027-28) Recognition/ Permission** fee calendar will be as follows:-

A. Time Schedule for submitting application for provisional recognition/permission.

Date / Period	Recognition Fees	Penalty
16 Nov. 2026 - 15 Dec. 2026	As mentioned below	NIL
16 Dec. 2026 - 31 Dec. 2026	As mentioned below	Penalty equal to amount of recognition / permission fees.

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 stated in the Chapter 4 of RNC Act 1964.
3. Complete application for provisional recognition / permission (in hard copy) should reach in RNC within the stipulated time frame.
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 stated in the Chapter 4 of RNC Act 1964.

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

1. From 16 Nov. 2026 - 15 Dec. 2026

Name of Course	Annual (2027-28)
GNM	25,000+18% GST
B.Sc. Nursing	15,000+18% GST
P.B.B.Sc. Nursing	15,000+18% GST
M.Sc. Nursing	15,000+18% GST

2. From 16 Dec. 2026 - 31 Dec. 2026

Name of Course	Annual (2027-28)
GNM	50,000+18% GST
B.Sc. Nursing	30,000+18% GST
P.B.B.Sc. Nursing	30,000+18% GST
M.Sc. Nursing	30,000+18% 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 Separate Application (With supporting documents) for all courses (i.e. GNM, BScN, PBBScN, MScN) run by institute.
3. After submission of application for Provisional Recognition/Permission, the deposited fees will not be refunded/adjusted in any case.
4. **For Online Submission of Institute Details –**

   A. The link , User I'd & Password for submission of Institute Details for provisional annual recognition/permission session 2027-28 will be provided to all nursing institutions through their registred e-mail i'd On 16th November , 2026.
   B. All Nursing Institutions are required to login through the online Link using their allotted User ID and Password and submit the duly filled Institute Details along with all requisite documents within the prescribed time schedule.
   C. The Institute Details submission shall be completed within the stipulated period, i.e., from 16th November, 2026 to 15th December, 2026, without any penalty. Applications

submitted from 16th December, 2026 to 31st December, 2026 shall be subject to the prescribed late submission penalty (Late Fees) as mentioned in the fee calendar.

D. All Nursing Institutions are advised to ensure that all information provided and documents uploaded are complete, correct and legible.

E. In case of incomplete details or failure to upload the requisite documents, the provisional annual affiliation process of the institute will be kept on hold.

5. In compliance with the decision taken under Agenda No. 26 of the Council's GB meeting dated 23-12-2025, and as per RNC letter no.: F. 04/RNC/Acad./2026/87 dated: 21-01-26, in matters related to the 05 year provisional affiliation/recognition issued by the Rajasthan Nursing Council to various nursing institutions operating in the Government and private sectors for various courses (GNM/B.Sc. Nursing/Post Basic B.Sc. Nursing/M.Sc. Nursing), an inspection of the concerned institutions will be conducted at the Council level upon completion of the 02 year period.
6. In compliance with the decision taken under Agenda No. 27 of the Council's GB meeting dated 23-12-2025, and as per RNC letter no.: F. 04/RNC/Acad./2026/86 dated: 21-01-26, prior to the issuance of provisional annual affiliation for various courses (GNM/B.Sc. Nursing/Post Basic B.Sc. Nursing/M.Sc. Nursing) by the Rajasthan Nursing Council, physical inspection of 20 (twenty) percent of the nursing institutions out of the all nursing institutions operating in the Government and private sectors will be conducted on a random basis at the Council level.
7. 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 fulfillment of the same. If the institute fails to fulfill 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 the deposited fees will not be refunded/adjusted by the council.
8. Provisional annual affiliation letter will be sent to the institute's mail ID for the institutes found eligible by the Scrutiny Committee of RNC for granting provisional recognition/permission, and the list of eligible institutes will be uploaded on the RNC website.
9. All Nursing 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, at least 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

Annexure-A

Forwarding letter of Application for want of Provisional Annual (2027-28) Recognition-Permision

No. **Date :**

(Date of Application is mandatory to fill)

To,

The Registrar
Rajasthan Nursing Council
Jaipur

Reference: Fees Calendar For Provisional Annual (2027-28) Recognition/Permission

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 2027-28

Name of School/College :
Address :
Mobile No. of Principal :
Email ID of School/College :

Name of Course	**Annual Intake**	**Recognition/Permission Fee amount (as per fee calender)**	**D.D. No./Date/Bank**	***Receipt No. (Issued by RNC)**
GNM				
B.Sc Nursing				
P.B. B.Sc Nursing				
M.Sc Nursing				

*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]

Signature of Principal/Secretary
of the applicant College/Society/Trust (With seal)
Name .....
Mobile No. .....

Annexure-B

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 herby 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.....(GNM).....(BScN).....(PBBScN).....(MScN) 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'b1e 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 herby verify 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

Annexure- B-1

Format of affidavit to be submitted by the School/College seeking Provisional Recognition/ Permission from RNC

(For Private School/College managed by Society /Trust/Company)

AFFIDAVIT

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

I……Son/Daughter of.....……aged resident of _____ _____in the capacity of Chairman/Secretary of the_____ _____(Name of Society/Trust/Company) which is managing_____ _____(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 GNM……BSC(N)……..PBBSC(N)……MSC(N)……..seats for the academic year 20 …….20…….. do here by 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 the institution is regular and qualifies as per norms of concerning higher council (INC) for the said course.
3. Hon'ble court/state Government has not stopped/ banned the admissions 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 Regilations 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 concealed.

DEPONENT

VERIFICATION

I.....Son/Daughter of……(The above deponent) do hereby verify 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 from.

Verified at……(name of the place) on this the……..(Date)

DEPONENT

राजकीय/निजी क्षेत्र में संचालित नर्सिंग संस्थानों की वार्षिक अस्थाई सम्बद्धता प्रपत्र (सत्र – 2027–2028)

क्रम संख्या	चाही गयी सूचना	विवरण (संस्था द्वारा भरा जावे)	संलग्न पेज संख्या
1.	संस्था के ट्रस्ट/सोसायटी का नाम, पता एवं दूरभाष नम्बर। संविधान की प्रति मय सदस्य सूची संलग्न करें।		
2.	कॉलेज/स्कूल का नाम, पता एवं दूरभाष नम्बर। पता निर्धारण हेतु नवीनतम बिजली/टेलीफोन/पानी के बिल संलग्न करें।		
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, RUHS एवं RNC द्वारा जारी गतवर्ष का सम्बद्धता पत्र संलग्न करें।		
5.	संस्था की भूमि व प्रशासनिक भवन संबंधी दस्तावेज		

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

12.	मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी/अस्पताल प्रबंधन द्वारा स्वयं का/पेरेन्टल एवं सम्बद्ध अस्पतालों की बेड़ 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 (पुरूष 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 की छायाप्रति।		
16.	संस्था द्वारा प्रशिक्षणार्थियों के लिए ग्रामीण एवं शहरी क्षेत्र में प्रायोगिक अनुभव से संबंधित सूचना/विवरण		
17.	संस्था के वाहन के दस्तावेज तथा वाहन चालक का लाइसेंस।		
18.	संस्था में अध्ययनरत प्रशिक्षणार्थियों की कोर्स एवं कक्षावार सूचना (नाम, पिता का नाम व जन्मतिथि)।		
19.	संस्था द्वारा प्रस्तुत दस्तावेजों एवं सूचनाओं की सत्यता संबंधी शपथ–पत्र (प्रधानाचार्य/सचिव/अध्यक्ष द्वारा प्रदत्त)		

नोट :– समस्त संलग्न दस्तावेज संस्था प्रधान अर्थात् प्रधानाचार्य द्वारा सत्यापित होने चाहिए।