महाराष्ट्र परिचर्या परिषद
MAHARASHTRA NURSING COUNCIL

५ वा मजला, बॉम्बे म्युचल अॅनेक्स, गन्बो पथ,
रेसिडन्सी हॉटेलच्या समोर, डी. एन. रोड छेद रस्ता, फोर्ट, मुंबई. - ४०० ००१.
5th floor, Bombay Mutual Annex, Gunbow street, Opp. Residency Hotel, Off D. N. Road, Fort, Mumbai 400 001.
Tel.: (022) 22677993, 94 Fax : 022 - 22677995 Website : www.maharashtranursingcouncil.org Email : mncgeneral2015@gmail.com

UNITED FOR NURSING EXCELLENCE IN GOLDEN ERA

MNC/G/Election-21/ 05/2021

Date :-10/08/2021

To,
The Head of ,
All the Affiliated Training Institutions.

Sub. :- **Electoral roll of the Matrons of the affiliated institutions under Section 3(3)(b)(iii) of the Maharashtra Nurses Act, 1966.**

Dear Sir / Madam,

I have to inform you that elections of the Council will be held shortly. The Council has to prepare the electoral roll of the Matrons of the affiliated institutions who are continuously working for **3 years in the same capacity prior to 15/07/2021**. As per section 3(3)(b)(iii) of the Maharashtra Nurses Act, 1966, **"One member to be elected by matrons of the affiliated institutions, from amongst themselves ".**

You are therefore, requested to furnish me following information in the enclosed proforma with letterhead of the institution **by email mncelection2021@gmail.com and send hard copy on or before 23/08/2021 upto 4.00 p.m. in the Maharashtra Nursing Council, Mumbai. Information received thereafter will not be considered for including the name in electoral roll :-**

(a) Full name of the Matron of the institution beginning with Surname, First name and Middle name in capital letters her / his REGISTRATION NUMBER, RENEWAL SR.NO & DATE.

(b) Full Postal Address with pincode, mobile no. & email.

(c) How long he / she is holding the Post of Matron of the institution continuously prior to 15/07/2021.

Further, I have to inform you that the date of the publication of the electoral roll will be fixed by the Council shortly.

Your early action in this matter will help the Council to prepare the electoral roll in time and conduct the election.

Thanking you.

(Rachel George)
I/c Registrar

MAHARASHTRA NURSING COUNCIL, MUMBAI

(To be submitted on or before 23/08/2021)

Name of the Institution _____

Sr. No.	Name of the Matron beginning with Surname, First name & Middle name in capital letters.	Registration Number, Renewal Sr.No & Date	Full Postal Address with Pincode, Mobile no. & email	How long he / she is holding the post of Matron prior to 15/07/2021.	Date of appointment as the Matron of the institution	Remarks, if any

N.B. :- a) Name of the person who is holding the post of Matron of the institution continuously for a period of not less than 3 years prior to 15/07/2021 will be included in the Electoral roll.

b) Please provide information asked in the proforma on separate paper.

c) Do not forget to sign and put your official rubber stamp otherwise information submitted by you will be treated as invalid.

d) I hereby declared that the above information provided is True and Correct to the best of my knowledge. I fully understand the consequences of giving false information and I shall be fully liable for any prosecution if found any.

Signature of the Head of the Institution
With official rubber stamp.

Place :-_____

Dated :- _____