

# Nurses and midwives council of Malawi

## VERIFICATION FORM

### INSTRUCTIONS

1. this form must be completed by the registered body or the professional regulatory body
2. the form must be sent directly to:

The registrar  
Nurses and Midwives Council  
P.O.Box 30361  
Lilongwe 3.  
Malawi.

3. if names appearing on this form are not the same as those on the certificate, please provide supportive document.
- This is to certify that:

.....  
Surname    first name    middle name

Maiden name (if married).....

Was issued a certificate of (tick which applicable)

Registration

Enrollment

As a general nurse

As a midwife

Or other qualification

Please state.....

Registration date.....

Did applicant qualify by completing a state prepared examination?

Yes

No

Has the certificate/ license ever been revoked?

Yes

No

If yes please give reason(S).....  
.....

When was registration last renewed?

Date.....

Country.....

Signature.....

**Registrar**

Stamp or seal or board or council granting original registration

Return this form to:

The registrar  
Nurses and Midwives Council  
P.O.Box 30361  
Lilongwe 3.  
**MALAWI**