

# **ODISHA NURSES & MIDWIVES EXAMINATION BOARD,** **BHUBANESWAR**

**Email- [odishanursingboard1@gmail.com](mailto:odishanursingboard1@gmail.com)**

**No 389/NEB-05/2026**

**BBSR, Dt- 05.05.2026**

## **NOTICE**

### **REGARDING CONDUCT OF COMPETENCY EXAMINATION FOR ANM CANDIDATES**

#### **PASSED BUT NOT REGISTERED**

It has been observed that some candidates who have passed the **Auxiliary Nurse Midwife (ANM) Examination** from the year **1980 onwards** have not obtained registration under the **Odisha Nurses & Midwives Registration Council (ONMRC), Bhubaneswar**.

In this connection, as per the direction of the **Indian Nursing Council (INC), New Delhi**, it has been decided that a **Competency Examination** shall be conducted for such eligible candidates. After successfully qualifying the Competency Examination, the candidates will be allowed to apply for registration under ONMRC as per rules.

Accordingly, candidates who have **passed the ANM Examination earlier but could not get registered** are hereby informed to submit their application in the prescribed format (**Annexure-A**) along with the prescribed **Form Fill-up Fee of Rs. 600/- (Rupees Six Hundred only)**.

The duly filled-in application form along with required documents and payment receipt must reach the office of the undersigned **on or before 20.05.2026 by 5.30 PM positively**. Applications received after the stipulated date and time shall not be considered, and such candidates will have to apply afresh when the next notification is issued.

Further details regarding the date, time and venue of the Competency Examination shall be notified later and will be available on the official website of ONMEB ([www.onmeb.in](http://www.onmeb.in)).

#### **Checklist of Documents to be Enclosed**

Candidates must enclose **self-attested copies** of the following documents along with the application form:

1. ANM Examination Pass Certificate.
2. ANM Mark Sheet (Final / Consolidated, if applicable).
3. Proof of Date of Birth (Matriculation Certificate / Birth Certificate / School Leaving Certificate).
4. Course Completion Certificate from the concerned ANM Training Institution.

5. Proof of Identity (Aadhaar Card / Voter ID / any Govt.-issued Photo ID).
6. Two recent Passport Size Photographs (one to be affixed on the application form).
7. SB Collect Payment Receipt for Form Fill-up Fee of Rs. 600/-.
8. Declaration regarding earlier non-registration under ONMRC.

**N.B.-Incomplete applications shall be rejected.**

This is for the information of all concerned.

**Sd/-  
I/c Secretary, ONMEB**

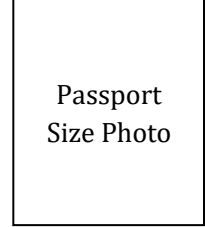
**Address of the Office**

Secretary, Odisha Nurses & Midwives Examination Board,  
Directorate of Medical Education & Training, Odisha,  
1<sup>st</sup> Floor, HOD Building, Keshari Nagar, 751001

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1. Name of the Student :- \_\_\_\_\_
2. Father's Name :- \_\_\_\_\_
3. Mother's Name :- \_\_\_\_\_
4. Date of Birth (DD/MM/YYYY) :- \_\_\_\_\_
5. Type of Examination Passed :- \_\_\_\_\_
6. Year of Passing :- \_\_\_\_\_
7. Name of Institution from which passed :- \_\_\_\_\_
8. Roll Number :- \_\_\_\_\_
9. Mobile Number :- \_\_\_\_\_
10. Email ID :- \_\_\_\_\_
11. Form Fill up fee(Rs.600/-) :- \_\_\_\_\_
12. Date of Payment :- \_\_\_\_\_



**Signature of the student**

**Steps to Deposit Payment via SB Collect:**

<https://www.onlinesbi.sbi/sbicollect/icollecthome.htm> → Select "Govt Department" → Choose "Govt Department (ODISHA NURSING BOARD)" → Select "Payment Category (FORM FILL UP FEE)" → Fill in the required details and submit → Complete the payment and print the receipt.

**DECLARATION BY THE STUDENT**

I, \_\_\_\_\_(Name of the Student), daughter/son of  
\_\_\_\_\_, resident of \_\_\_\_\_.

do hereby solemnly affirm and declare as follows:

1. That I have passed the **Auxiliary Nurse Midwife (ANM) Examination** in the year \_\_\_\_\_ from \_\_\_\_\_ (Name of Institution/Board).
2. That I have **not been registered earlier** under the **Odisha Nurses & Midwives Registration Council (ONMRC), Bhubaneswar**.
3. That I am applying for the **Competency Examination** conducted by the **Odisha Nurses & Midwives Examination Board (ONMEB)** as per the notification issued in this regard.
4. That all the information furnished by me in the application form and the documents enclosed therewith are **true and correct** to the best of my knowledge and belief.
5. That I understand that if any information furnished by me is found to be false or incorrect at any stage, my candidature is liable to be **cancelled**, and I shall be liable for **legal/disciplinary action** as deemed fit by the competent authority.

I hereby declare that the above statements are true and correct.

Place: \_\_\_\_\_

Signature of the Student

Date: \_\_\_\_\_