



Ministry Of Health Malaysia
MALAYSIA NURSING BOARD
 Lobby 3, Blok E7, Parcel E, Precint 1,
 Federal Government Administrative Centre,
 62590 PUTRAJAYA
 MALAYSIA



Tel : 603-8883 3547 / 8883 3575
 Faks : 603-8890 4149 / 8883 3644
 http : //nursing.moh.gov.my

APPLICATION FOR RETENTION OF NAME (RON)

Name :			
Passport No :		No NRIC:	
Registration No		Date of Registration	
Mailing Address			
Email			
Please tick (√)		Mobile Phone No	
Verification	Payment per year x total year apply	Application Year	Total Payment
<input type="checkbox"/> Registered Nurse	RM 25 xyear		RM
<input type="checkbox"/> Community Nurse	RM 10 x year		RM
<input type="checkbox"/> Assistant Nurse	RM 10 x year		RM
		Total Payment	RM
Reason Of Application.	Please tick (√)	Please Specify:	
Study in oversea		Country:	
Not Working			
Working Overseas		Country:	
Pension			
Working in Different Field		Type of work:	
Long Medical Leave		Disease:	
Other Please Specify:			
Notes:			
1. Attach a copy of Registration Certificate			
2. Attach a copy of resignation letter if APC is available for the previous year.			
3. Attach letter of retirement (for retirees' first time application).			
4. Money Order or Bank Draft in Ringgit Malaysia			
5. Payable to: Secretary Of Nursing Board Malaysia.			
Date :	Signature of Applicant:		