
Visa Screen Instruction Sheet

This sheet will guide you how to fill up your Visa Screen Application form. This will guide you the mandatory documents required for the ICHP.

Please mark the attached checklist to have the ICHP application complete.

Instructions to fill your VISA SCREEN Application

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Please use the form to apply to concerned Nursing Council for verification of your Nursing License directly to CGFNS/ICHP.

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Please use the form to apply to concerned Nursing College for verification of your Professional Academic records of Nursing education directly to CGFNS/ICHP. Please note that the form has to be endorsed by Nursing School/College for specified clinical and theory hours and should be forwarded to CGFNS/ICHP with copy of your Transcript.

Important Information:

- a. CGFNS/ICHP takes minimum 27 days time to review the file after your all the documents reached to CGFNS/ICHP.
- b. Please advise your Nursing School & Registration Council to use any trackable forwarding service to forward your page number 4 & 5 to CGFNS/ICHP.
- c. Please provide the tracking details to our representative for necessary Followup.

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Column.1 Please provide your Preliminary information, i.e. US state where you intend to practice, present employment details etc. If you have a CG id please fill the appropriate column or leave blank.

Column.2 The **First Name & Last Name** mentioned in the Application should be matching as printed in the **Passport**.

Column.3 “Other Names” if applicable should be filled or left blank. (if there is change of your name after marriage please attach copy of your marriage certificate)

Column.4 The Date of Birth should be written in US Format (MM/DD/YYYY).

Column 5 & 7. Please fill in Gender and Marital status

Column 8a . Mailing Address and the Telephone No. as following.

ALL ABOUT STAFFING INDIA PVT. LTD.,
406-410, Naurang House 4th floor, 21 K.G. Marg
Connaught Place, New Delhi - 110001
Telephone No-91 – 11 - 43587777, Fax-91-11-41647776,
E-Mail – **To be left blank**

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Column 8b. Correspondence Mailing address should be same as 8a.

Column 9. Telephone No-91 – 11 - 43587777, Fax-91-11-41647776,
E-Mail – **To be left blank**

Column 10. Provide your complete information i.e. Country of Birth, Native language & Information pertaining to your Profession.

Column 11. Fill 'Registered Nurse'

Column 12. Tick 'Permanent Green Card.'

Column 13. Tick 'Visa Screen Certificate.'

Column 14a. Please fill the Educational information with the School Attended, City/Country, month & Year entered & Completed. These dates should exactly match with dates mentioned in SSLC/Pre-degree or Secondary/Sr. Secondary certificates.

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Column 14b. Complete Name & Address of your Nursing School, Name of the Degree Earned, Month & Year entered & Completion. These dates should exactly match with the dates mentioned in transcript.

Column 15. Question Re: Suspension/revocation/termination of Nursing License to be ticked 'NO.'

Please provide the information of your License, Registration License Number & information if you obtain any license other than your Native Country.

Column 16. Choose/tick appropriate Column for passing CG/NCLEX exam.

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Column 17. Fill in your English test score details in appropriate column.

Column 20. Sign with date.

Page – 30: Photo Identification Form

Please fill in CGID (if known), date of birth, and name and attach your recent two Photographs with signature in front