

Sr. No

Dated

CHHATTISGARH NURSES REGISTRATION COUNCIL

Raipur Chhattisgarh

Official Use:- Reg. NoDt//	WASES REGISTA
SES REGISTRATION COUNCIL	Service of the servic
r Chhattisgarh	RAIPUR IT

(Old Nurses Hostel, D.K.S Parisar, Raipur Chhattisgarh,)							
website:- www.cgn	rc.org, Em	ail id – <u>sn</u>	rc.cg@gn	nail.com, p	hone:- 077	1-2227600))

FORM (B) Form of Application (Rule-9)

5 Passport Size **Uniform** Photo duly Attested by

	Application for Registration Certificate(Permanent)							
1	Name in full (Capital) Ku./Smt./Shri							
	D/O. W/O. S/OSingle/Married/Window/Separated							
2	Date of BirthAgePhone/Mob. No							
3	Permanent Address in full							
4	Present Address in full							
5	Education Qualification A.N.M.							
5	ReligionNationalityCaste & Category							
7	Name of Training Institution							
3	Period of Training From DDMMYYYYTo DDMMYYYYtill the completion of course.							
)	Name of Examination Council/University from which qualified.							
10	Registration required as PhD/ M.Sc./D.P.N./PB.B.Sc./B.Sc./G.N.M./Sr.Midwife/A.N.M./Health visitors/ Dai							
1	Date of remitting fee by SBI Collect reference No. DU Date Rs/							
2	Aadhar Card Number of Applicant.							
Decla	aration of the Applicant :-							
rofe	I hereby declare that information given above is true to the best of my knowledge and that there are no instances of adverse essional conduct against me that could render me ineligible for registration as Registered Nurse / Registered Midwife / MPHW LHV with Chhattisgarh Nurses Registration Council, Raipur.							
Place	Signature of Applicant							
)ate	Name of Applicant							
	Certificate of Attestation							
	I certify that I personally acquainted with Ku./Smt./Shri							
	D/o. W/o. S/o whose photograph is attested & affixed on this form. He/She							
	undertook the program of nursing studies from the institution							
	He/She passed the / PhD/ M.Sc./D.P.N./B.Sc./A.N.M./G.N.M./ Sr. Midwife/ LHV/Health visitors/ Dai(b)							
lace	Name of Principal							
ate .	Signature							

Only For Reciprocal Registration / Other State Registration Certificate

other	Nursing Council to be filled mandatorily:-	
	(a) Name of the Nursing Registration Council with which registered already	
	(b) Registration No. RN/RM	
	(c) Date of Registration	
	(d) Registration required as PhD/ M.Sc./D.P.N./PB.B.Sc./B.Sc./G.N.M./Sr. Midwife/A.N.M./Health visitors/ I) <i>a</i>
	I hereby declare that information given above is true to the best of my knowledge and that there are no instances of adve	
	ional conduct against me that could render me ineligible for registration as Registered nurse / Registered midwife / MPE HV with Chhattisgarh Nurses Registration Council	Įν
(F) / L	AV WITH CHRAUISgarn Nurses Registration Council	
Place	Signature of Applicant	
	Name of Applicant	
Anne	xure:- (DOCUMENTS TO BE SUBMITTED MANDATORY WITH THE APPLICATION FOR REGISTRATION	
	(a) M.Sc. Nursing (1 st & 2 nd year mark sheet, Provisional degree certificate, Course completion certificate, Domici certificate, 10th &12th mark sheet copies- All documents Attested)	le
	(b) B.Sc. Nursing (1st to 4th year mark sheet, Provisional degree certificate, Course completion certificate, Domicile	ð
	certificate, 10th &12th mark sheet copies- All documents Attested) (c) Post Basic B.Sc. Nursing (1 st to 2 nd year mark sheet, Provisional degree certificate, Course completion certificate,	
	Domicile certificate, 10th &12th mark sheet copies- All documents Attested)	
	(d) Diploma in General Nursing (1 st to 3 rd + internship mark sheet if required, Course completion certificate, Domicil certificate, 10th &12th mark sheet copies- All documents Attested)	le
	(e) Qualification Certificate of auxiliary nurse-Midwife (revise) (1st & 2nd year mark sheet, domicile certificate, 1st	Эt
	&12th mark sheet copies- All documents Attested) (f) Affidavit of Declaration in Rs.50 /- Stamp Paper for Other State Registered Applicants (Reciprocal Registration)	1)
Mata		7
Note.	1. The form must be forwarded by the Principal of training centre after verification of the training period under his/her signature (As per Performa in the front page.) The period of training must be completed as per Indian Nursing Council norms in each case otherwise form will be cancelled.	
	2. Each application form must be accompanied by 5 passport size photographs in uniform of the applicant duly attested by Principal, the photo should pasted on the form.	
	3. The fee amount is directly paid to the online payment mode, for more details visit our website www.cgnrc.org	
	REGISTRATION FEES INCLUDING GST (18%)	
	1. Ph.D Rs. 5900	
	2. M.Sc. Nursing → Rs. 5900 3. Post Basic B.Sc. → Rs. 3540	
	4. B.Sc. Nursing — Rs. 2360	
	5. Diploma in Psychiatric Nursing Rs. 1770	
	6. General Nursing & Midwifery (including Diploma Certificate) Rs. 1770 7. Auxiliary Nurses - Midwifery Rs. 1180	
	7. Manuary 1. and 50 Annuary 1	-
	For Office Use Only	1
	ication Checked by	
	stration fee paid Vide receipt No	22
-	stration Number Allotted	-
Place		

Signature of Registrar