



Official Use:- Reg. No.Dt...../...../.....

CHHATTISGARH NURSES REGISTRATION COUNCIL**Raipur Chhattisgarh**

(Old Nurses Hostel, D.K.S Parisar, Raipur Chhattisgarh,)

(website:- www.cgnrc.org, Email id – snrc.cg@gmail.com, phone:- 0771-2227600)Sr. No
Dated**FORM (B)****Application for Renewal of Registration**Paste
Self
Attested
Passport
Size Photo

- I. Full Name (In Capital Letter) Ku./Smt./Shri
D/o. W/o. S/o Single/Married/Window/Separated
2. Date of Birth Age.....Phone/Mob. No
3. Permanent Address in full.....
.....
4. Present Address in full.....
.....
5. Education Qualification:- A.N.M. ☐ G.N.M. ☐ B.Sc. Nursing ☐
6. Nationality.....Religion.....Caste.....
7. Name of The Training Institution where studied
8. Date of Registration..... Registration No.....Roll No.....
9. Renewal of Registration required for:- A.N.M. ☐ G.N.M. ☐ B.Sc. Nursing ☐
10. Aadhar Card Number of Applicant.

--	--	--	--	--	--	--	--	--	--
11. Date of Remitting Fee by SBI Collect reference No. DU.....Rs.....Date.....

Declaration of the Applicant :-

I hereby declare that the information given above is true to the best of my knowledge and that there are no instances of any adverse professional conduct against me, and I will practice my nursing profession in a positive attitude and communicate effectively as a health care professional and I will be bounded by the provisions of the Act, Rules, By Laws, Instructions issued from Chhattisgarh Nurses Registration Council ,Raipur.

I will return back my Original Registration Certificate to the Registrar's Office, if the council find out any query or ineligibility related to my Registration Certificate and Registration Number. I will acknowledge to remove my name from the register and take appropriate action against me from your side if I found guilty in any manner related to my profession.

Place:

Signature of Applicant

Date:

Name of Applicant

- NOTE:** 1. The form should be duly filled & submitted along with Original Registration Certificate and only One passport size photograph duly attested by the applicant itself.
2. Original Registration Certificate, will be returned to the applicant via postal mode after renewal of the certificate.
3. The fee amount is directly paid to the online payment mode ,for more details visit our website www.cgnrc.org
4. Attach A4 size Envelope mentioning the Address to receive the renewal certificate with this application form

RENEWAL FEES INCLUDING GST(18%)

- | | | |
|--|---|------------------|
| (A) B.Sc. Nursing | → | 1180 |
| (B) Diploma in General Nursing | → | 944 |
| (C) Auxiliary Nurses - Midwifery | → | 590 |
| (D) Penalty (in Delayed Renewal) | → | Rs.50/-per Month |
| (E) <u>18% GST To be added on the total amount including penalty fees</u> | | |

For Office Use Only

Application Checked by

Registration fee paid receipt No & Date.

Date

Signature of Registrar