

Chhattisgarh Nurses Registration Council Raipur Chhattisgarh

Website: www.cgnrc.org, Phone- 0771-2227600

RE -EVALUATION FORM

COURSE-

YEAR

Attested Photo

Subject: - I II

To,

**The Registrar
Chhattisgarh Nurses Registration Council
Raipur Chhattisgarh**

Through: - Principal /Senior Sister Tutor/In charge Sister Tutor. School of Nursing.....

Madam,

I request permission to present myself at the ensuing Re-evaluation for ANM-I / ANM-II / GNM-I / GNM-II / GNM-III Course.

The sum of Rs. 200=00 is every subject+ Rs 50=00 form fee forwarded herewith as Re totaling fee through Online payment mode.

PERSONAL DETAILS

1. Name (in capital letter): - Ku./Smt.
2. Father name.....
3. Date of BirthAge
4. Roll Number
5. Enrollment Number.....
6. Name of training institution
7. Permanent residential Address in full

Place

Date

.....

Signature of Applicant

Signature of Principal

Signature of Receiver

Signature of Approving Authority