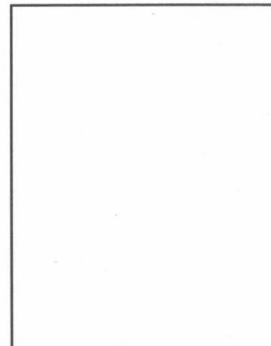


CHHATTISGARH NURSESE REGISTRATION COUNCIL

(Directorate of Medical Education Raipur Chhattisgarh)



Sr. No.....
Dated.....

FORM (B) **Application for Renewal of Registration**

1. Name in full (Surname First).....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.....
6. Nationality..... Religion..... Caste.....
7. Name of Training Institution.....
8. Date of Registration with Registration No. Roll No.
9. Renewal of Registration required as B.Sc. Nursing /General Nursing/ Sr. Midwife/ Health Visitor/ Auxiliary - Nurse - Nurse - Midwife/ Revised.
10. Date of Remitting Fee by **SBI Collect reference No. DU**.....Rs.....Date.....
Enclose Original Registration Certificates, which may please be returned to me along with renewal certificate.
11. Aadhar Card Number of Applicant.

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I Hereby Undertake that if any registration is renewed I will in the Practice of my profession as a observe and be bound by the provisions of the Act, and the rules and by laws made or order and instructions, issued there under so far as they affect me and that it the council shall at any time after due enquiry, order my name to be removed from the register. I will return to registrar the certificate and badge (if any) issued to me by the council.

- Note:**
1. The form dully filled in should be presented along with original registration Certificates and Only One passport size photographs dully attested by.
 2. The Amount of the fee sent directly by **Online Payment. for more information please visit our website www.cgnrc.org**

Date:
Place:

.....
Signature of Applicant
And Full Name

RATE OF RENEWAL FEE

(A) B.Sc. Nursing	Rs. 1000
(B) Diploma in General Nursing	Rs. 800
(C) Auxiliary Nurses – Midwifery	Rs. 500

Penalty for delay in Renewal of Registration:
If the Renewal of Registration is Delayed Penalty @ Rs. 50/- per Month shall be charged.