				. (0	Official Use: - Reg	J. No.		Dt///	
				CHHATTISGARH NI (Directorate of	URSESE REG			CIL	
Prepa									
Rs 50									
Sr. No									
Dated	d								
					FORM (B)				
				Applicatio	n for Renewal of	f Reg	jistration		
1.	N	Name i	n full (S	Surname First)	Ku./Sr	nt./Sh	ri		
	D	D/o, W/o, S/o Single/Married/Window/Separated							
2	г	S-4 6	D'-d						
2.	Date of BirthAgePhone/Mob. No								
3.	Р	Perman	ent Ada	tress in full					
٥.	3. Permanent Address in full								
			• • • • • • • • • • • • • • • • • • • •	***************************************					
4.	P	resent	Addres	s in full	•••••				
	••	•••••	••••••		••••••	•••••	•••••		
5	Б	ducati	am Oua	li Gastian					
5.	E	ducan	on Qua	lification	••••••	•••••	•••••		
6.	N	Jationa	lity	Re	ligion		Caste		
0.		Vationality							
7.	N	lame o	me of Training Institution						
8.	8. Date of Registration with Registration No							l No	
9.	Service of the servic							isitor/ Auxiliary - Nurse -	
	N	lurse -	Midwi	fe/ Revised.					
10	D	Note of	Domitt	ing Eag by CDI Donk Duck No			D .		
10.	<ol> <li>Date of Remitting Fee by SBI Bank Draft No</li></ol>								
	L	incluse	Origin	ar Registration Certificates, wi	nen may please be re	turned	to me along with renev	7ai certificate.	
			I Here	by Undertake that if any regist	ration is renewed I w	ill in t	the Practice of my profe	ssion as a	
obs	I Hereby Undertake that if any registration is renewed I will in the Practice of my profession as a								
so	far	as the	y affec	et me and that it the council s	shall at any time after	er due	enquiry, order my nan	ne to be removed from the	
reg	giste	er. I wi	ll retur	n to registrar the certificate and	l badge (if any) issue	d to m	e by the council.		
							•		
No	te:		1.	The form dully filled in sh		ong w	ith original registration	Certificates and Only One	
				passport size photographs d	ully attested by.				
			2	The American College		DOC(	OPP PANK PRANT		
	2. The Amount of the fee sent directly by CROSSED BANK DRAFT ONLY I								
		REGISTRAR, CHHATTISGARH NURSES REGISTRATION COUNCIL, RAIPUR							
Dat	te :								
							Cignatu	ro of Applicant	
Pla	ce :	ce:					re of Applicant		
				RA	TE OF RENEWAL	FEE	And	Full Name	
		A) M.Sc. Nursing				1000			
			c. Nurs			600			
				B.Sc. Nursing		600			
				General Nursing	Rs.				
	(E	2) Aux	illiary I	Nurses – Midwifery	Rs.	400			
	Pe	enalty	for dela	y in Renewal of Registration:					
				of Registration is Delayed Pen	alty @ Rs. 100/- per	vear s	shall be charged.		
				-			8		