

छत्तीसगढ़ नर्सिंग रजिस्ट्रेशन काउन्सिल  
पुराना नर्सिंग हॉस्टल, संचालनालय चिकित्सा शिक्षा  
रायपुर, छत्तीसगढ़



क्रमांक/रजि० नर्सिंग कां०/प्रोजे./2020/...2019

रायपुर, दिनांक ०५/१०/2020

प्रति,

समस्त प्राचार्य,  
शासकीय/निजी नर्सिंग महाविद्यालय  
बी.एस.सी. नर्सिंग/पो. बेसिक बी.एस.सी. नर्सिंग/  
एम.एस.सी. नर्सिंग/डी.पी.एन.  
छत्तीसगढ़

विषय :- राज्य में संचालित समस्त नर्सिंग संस्थाओं से जानकारी मंगाये जाने के संबंध में।

छ.ग. नर्सिंग रजिस्ट्रेशन काउन्सिल, रायपुर द्वारा अपने संस्थाओं से संबंधित जानकारी (संलग्न-प्रारूप) में भरकर इस कार्यालय के ईमेल [snrc.cg@gmail.com](mailto:snrc.cg@gmail.com) में आवश्यक रूप से दिनांक 07/10/2020 तक भेजना सुनिश्चित करें।

संलग्न :- उपरोक्तानुसार

  
रजिस्ट्रार

छ.ग. नर्सिंग रजि. काउन्सिल  
रायपुर, छत्तीसगढ़

## COLLEGE DETAIL (FORMATE)

NAME OF COLLEGE	
ADDRESS	
COURSE NAME WITH SEAT NUMBER	
NOC BY STATE GOVT	
DATE AND SEAT NUMBER	
INDIAN NURSING COUNCIL [reference number and date]	
DATE AND SEAT [ALL YEAR PERMISSION LETTER]	
UNIVERSITY PERMISSION [reference number and date] [ALL YEAR PERMISSION WITH SEAT]	
STATE NURSING COUNCIL [reference number and date] [ALL YEAR PERMISSION LETTER]	
YEAR OF STARTING COLLEGE	
NUMBER OF BATCHES PASSED OUT	
COLLEGE BUILDING [OWN/ RENTED ]	
CONSTRUCTION AREA OF COLLEGE BUILDING	
HOSTEL BUILDING [OWN /RENTED]	
CONSTRUCTION AREA OF HOSTEL BUILDING	
CAPACITY OF HOSTEL BUILDING	
NUMBER OF STUDENTS RESIDING IN HOSTEL	
NUMBER OF BOOKS IN LIBRARY	
NUMBER OF JOURNAL AVAILABLE IN LIBRARY [ NATIONAL AND INTERNATIONAL]	
NURSING FOUNDATION LAB [AREA IN SQ FEET]	
NUTRITION LAB [AREA IN SQ FEET]	
COMPUTER LAB [AREA IN SQ FEET]	
MCH LAB [AREA IN SQ FEET]	
COMMUNITY HEALTH LAB [AREA IN SQ FEET]	
PRECLINICAL SCIENCE LAB [AREA IN SQ FEET]	
AV AIDS LAB [AREA IN SQ FEET]	
TEACHING FACULTY PRINCIPAL [YEAR OF EXPERIENCE WITH MSC NG ] VICE PRINCIPAL [YEAR OF EXPERIENCE WITH MSC NG] PROFESSOR [YEAR OF EXPERIENCE WITH MSC NG] ASSOCIATE PROF [YEAR OF EXPERIENCE WITH MSC NG] LECTURER [YEAR OF EXPERIENCE WITH MSC NG] DEMONSTRATOR [YEAR OF EXPERIENCE ]	
*HOSPITAL [PARENT/AFFILIATED ] [WRITE THE COMPETENT AUTHORITY WHO ISSUED THE PERMISSION] [BED STRENGTH OF HOSPITAL]  *URBAN CENTRE PERMISSION *RURAL CENTRE PERMISSION * MENTAL HEALTH NURSING *CHILD HEALTH NURSING *OBG AND GYN NURSING *MEDICAL SURGICAL NURSING	
DISTANCE FROM NURSING INSTITUTE	

NOTE:- scan and enclose the necessary documents in pdf.

*Shammy*  
05/10/2020