

*Amudh*

# 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 valuation payment mode.

*Amudh*

### PERSONAL DETAILS

1. Name (in capital letter): - Ku./Smt. ....
2. Father name.....
3. Date of Birth .....Age .....
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