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Chhattisgarh Nurses Registration Council Raipur Chhattisgarh

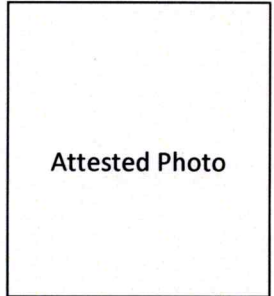
(Old Nurses Hostel, D.K.S Parisar, Raipur Chhattisgarh.)
(website:- www.cgnrc.org, Email id – snrc.cg@gmail.com, phone:- 0771-2227600)



RE - TOTALING FORM (G.N.M & D.P.N)

COURSE-

YEAR



Attested Photo

Subject: - I II

To,

The Registrar
Chhattisgarh Nurses Registration Council
Raipur Chhattisgarh

Through: Principal /Incharge Principal/Senior Sister Tutor. School/College of Nursing

Madam,

I request permission to present myself at the ensuing Re-totalling for GNM-I / GNM-II / GNM-III / D.P.N. Course.
The form fee of **Rs. 500=00** for every single subject for Re-totalling has to be paid 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 Approving Authority

- Note:-
1. The tabulation chart should be attached Mandatory with the attestation of the Principal.
 2. Enclose Online Fee Receipt.