



Chhattisgarh Nurses Registration Council Raipur Chhattisgarh



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

Handwritten signature

RE -EVALUATION FORM

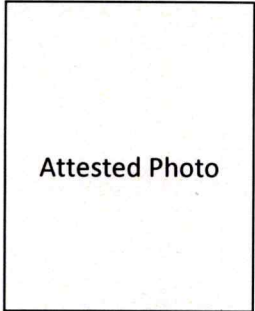
(G.N.M & D.P.N)

COURSE-

YEAR-

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-evaluation for GNM-I / GNM-II / GNM-III / D.P.N. Course.
The form fee of **Rs. 500=00** for every single subject for Revaluation 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.