

# Chhattisgarh Nurses Registration Council

## Raipur Chhattisgarh

(Old Nurses Hostel, Directorate of Medical Education, Mantralaya Parisar, Raipur, Chhattisgarh)

Website: [www.cgncr.org](http://www.cgncr.org), Phone- 0771-2227600



### RE - TOTALING 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 Retotaling for ANM-I/ANM-II/GNM-I/GNM-II/  
GNM-III Course.

The sum of Rs. 500=00 is every subject forwarded herewith as Re totaling fee through Online payment  
mode.

### 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