

Chhattisgarh Nurses Registration Council Raipur Chhattisgarh

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

Website: www.cgncr.org, Phone- 0771-2227600



REVALUATION 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 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 Receiver

Signature of Approving Authority