Chhattisgarh Nurses Registration Council Raipur Chhattisgarh Old Nurses Hostel, D.K.S, Parisar, Raipur, Chhattisgarh) (vebsite: www.cgnrc.org, Email id - snrc.cg@gmail.com, phone:- 0771-2227600)								
			Tick 7	The Appro	priate			
Examination Remuneration Form	<u>n</u> :-	<u>G.N.M</u>	1	D.P.N	9	OTHER		
1- NAME OF EXAM 2- NAME OF EXAMINATION CENTRE								
Name of Applicant		Detail	s Of D	uty Orde	<u>er</u> :-			
Reference		eference No. & Dispatch Date :						
Designation								
College Name:	Date: To							
	Total No. Of Days:							
NAME AS PER BANK Details:-(**)								

BANK ACCOUNT NO.**	IFSC CODE**	BANK & BRANCH NAME**	PAN CARD NO.**	MOBILE NO.**

(**) - INDICATES MANDATORY DOCUMENTS TO BE SUBMITTED.

S. NO.	Category	Rate/Student Examined	No. of Student/copy/days	Amount in Rupees	Remark (if any)
1	2	3	4	5	6
<u>1</u>	General Nursing 1 st Year 1- Bio-Science 2- Behavioral Science 3- Fund. of Nsg. & Fist Aid 4- Com. Health Nursing – I 5- Practical Of Fundamental Of Nsg.	 @Rs.20/-per copy evaluated @Rs.20/-per copy evaluated @Rs.20/-per copy evaluated @ Rs. 20/- per student @ Rs. 15/- per student 			
2	General Nursing 2 nd Year 1- Medical Surgical Nursing – I 2- Medical Surgical Nursing – II 3- Mental Health &Psychiatric Nursing 4- Child Health Nursing 5- Practical of Medical Surgical Nursing 6- Practical of Child Health Nursing	@Rs.20/-per copy evaluated			
<u>3</u>	General Nursing 3 rd Year 1- Midwifery & Gynaec 2 - Com. Health. Nursing - II 3 - Practical of Midwifery 4 - Practical of Com. Health Nsg II	 @Rs.20/-per copy evaluated @Rs.20/-per copy evaluated @ Rs. 15/- per student @ Rs. 15/- per student 			

NOTE: - Copy Of Front Page Of Bank Passbook, Copy Of Cancelled Cheque, Pan-Card Copy,Order Copy-- Mandatory For <u>Remuneration Clearance</u>, If Pan Card Not Attached, as Per RBI Rules Double Tax Amount Will Be Deducted From The Total Remuneration Bill.

	5. O.	Category	Rate/Student Examined	No. of Student/copy/ days	Amount in Rupees	Remark (if any)
<u>4</u>	 Clinical Nursin Clinical Nursin Trends Princip Education Research 	sychiatric Nursing. ng - I ng - II val Of Nsg. Mgt Inclu. Nsg rch & Statistics. m Clinical Nursing	 @Rs.20/-per copy evaluated @Rs.20/-per copy evaluated @Rs.20/-per copy evaluated @ Rs. 15/- per student 			
5	1- G.N.M. (All S	• Re-Evaluation ub.) • b.)	@Rs.20/-per copy evaluated @Rs.20/-per copy evaluated			
<u>6</u>	1- G.N.M. (All S	er Re Totaling ub.)	@Rs.10/-per copy evaluated @Rs.10/-per copy evaluated			
7	 1 - State Examina 2 - Paper Setting Answer) 3 - Paper Compile 4 - Paper Typing 5 - Question Pape 6 - Center Observe 7 - Center Supering 8 - Exam. Center 9 - Clerical Staff 10- Peon 11- Postal Charge 12 - Evaluation S 13 - Observer Cher Only) 	g Charges (GNM with Full ing er Packing rer Charge intendent Charge uperintendent Charge arge(For Council Exam Sec.	 @ Rs. 2000/- per day @ Rs. 300/- per Question Paper @ Rs. 400/- per Question Paper @ Rs. 100/- per Question Paper @ Rs. 100/- per day. @ Rs. 1000/- per day. @ Rs. 1000/- per day. @ Rs. 300/- per day. @ Rs. 200/- Per day As per receipt enclosed @ Rs. 1000/- per day. @ Rs. 500/- per day. 			
8	Flying Squad Duty	← →	1500/- Per Visit			
T	otal Amount (in Wor	ds) :		Total Amount	(in Figure) :-	

NOTE: - Copy Of Front Page Of Bank Passbook, Copy Of Cancelled Cheque, Pan-Card Copy,Order Copy--**Mandatory** For <u>Remuneration Clearance</u>, <u>If Pan Card Not Attached</u>, as Per RBI Rules Double Tax Amount Will Be Deducted From The Total Remuneration Bill.

Checked By Centre Superintendent:-

Name :
Signature :
Seal : -

Signatu	re of	Claimer

Name:-

Registrar

Only For	Office	Purpose
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Verified By Account Section:-

Passed for Payment Of	Rs.	

In Words Rs.

Chhattisgarh Nurses Registration Council Raipur (C.G.)

Signature Of Accountant