

# CHHATTISGARH NURSESE REGISTRATION COUNCIL

(Directorate of Medical Education Raipur Chhattisgarh)

Passport size  
Photographs  
uniform of the  
applicant duly  
attested by  
Principal or a  
Gazette Officer

Sr. No.....

Dated.....

## FORM (B)

Form of Application (Rule 9)

### Application for Admission to Registration

- 1 Name in full (Surname First).....Ku./Smt./Shri.....  
D/o, W/o, S/o.....Single/Married/Window/Separated.....
- 2 Date of Birth..... Age..... Phone/Mob. No.....
- 3 Permanent Address in full.....  
.....
- 4 Present Address in full.....  
.....
- 5 Education Qualification.....
- 6 Religion..... Nationality..... Caste & Category.....
- 7 Name of Training Institution.....
- 8 Period of Training DD..... MM..... YYYY..... To DD..... MM..... YYYY..... of obtaining Nursing
- 9 Name of Examination Council/University from which qualified.....
- 10 Registration required as General Nurse/Sr. Midwife/Health visitors/Auxiliary Nurses/Dai (b).
- 11 Date of remitting fee by **SBI Collect reference No.DU**.....Date.....Rs/.....
- 12 Aadhar Card Number of Applicant. 

--	--	--	--	--	--	--	--	--	--	--	--

I enclosed original copies of certificates of qualification as detailed below which may please be returned to me.

I also enclose two recent testimonials by respectable and well-known citizens of my town/village including one by Medical Officer not below the rank of assistant surgeon or a private Medical Practitioner holding registerable medical qualifications.

I hereby undertake that if I am admitted to register, I will in the practice of my profession as a observe and be bound by the provision of the Act and the rules and by allays made or order and instructions, issued there under so for as they affect me and if the council shall at any time after due enquiry order my name to be remove from the register, I will return to registrar the certificate and badge (if any) issued to me by council.

Date.....

Place.....

(Signature of applicant)

- Note: -**
1. The form must be forwarded by the Head of Training Centre after verification of the Training period under his/her signature & Seal (As per perform given at reverse.) The period of Training must be complete in each case otherwise form will be cancelled.
  2. Each application form must be accompanied by 4 passport size photographs uniform of the applicant duly attested by a Gazette Officer, the photo should pasted on the form.
  3. The amount of the fees sent directly by **Online payment visit our website [www.cgncr.org](http://www.cgncr.org)**

(1) Annexure:-

- (A) M. Sc. Nursing (1<sup>st</sup> & 2<sup>nd</sup> year mark sheet, .....  
Provisional certificate, Course completion, Domicile, 10th & 12<sup>th</sup> mark sheet all doc. attested)
- (B) B. Sc. Nursing (1<sup>st</sup> to 4th year mark sheet, .....  
Provisional certificate, Course completion, Domicile, 10th & 12<sup>th</sup> mark sheet all doc. attested)
- (C) Post Basic B. Sc. Nursing (1<sup>st</sup> to 2<sup>nd</sup> year mark sheet, .....  
Provisional certificate, Course completion, Domicile, 10th & 12<sup>th</sup> mark sheet all doc. attested)
- (D) Diploma in General Nursing (1<sup>st</sup> to 3<sup>rd</sup> year + internship mark sheet .....  
Course completion, Domicile, 10th & 12<sup>th</sup> mark sheet all doc. attested)
- (E) Qualification Certificate of Auxiliary Nurse- Midwife (revise) .....  
(1<sup>st</sup> & 2<sup>nd</sup> year mark sheet, domicile, 10<sup>th</sup> & 12<sup>th</sup> mark sheet all doc. attested)

(2) Original copies of testimonials..... Name, Address & designations of testifying persons and date of issue of testimonial.

(3) Particulars regarding registration with the Chhattisgarh Nurses Registration Council of Raipur or with any other council.

Name of Nurses council where previously Registered	Number & Date of Registration	Category in which Registered such as					
		Nurses	Midwife	Health Visitors	Dai	Auxiliary Nurses Midwife	Others

.....  
(Signature of applicant)

Certified that the period of training of Ku./Smt./Shri..... B.Sc. Nursing/General Nurses 3 Years/ Sr. Midwife 6 Months/ ANM 2 Years/ Female Health Worker/ Promoted LHV/ P.H.Nursing Education (Sister tutor) in from ..... to .....

.....  
Signature & Seal of Head of Training Centre

To,

The Registrar,  
Chhattisgarh Nurses Registration Council  
Raipur

**RATE OF FEE FOR DIPLOMA AND REGISTRATION**

	<u>Registration Fee</u>
(A) M.Sc.Nursing (Additional Qualification)	Rs. 5000
(B) Post Basic B.Sc. Nursing (Additional Qualification)	Rs. 3000
(C) B.Sc. Nursing	Rs. 2000
(D) Diploma in General Nursing	Rs. 1500
(E) Auxiliary Nurses – Midwifery	Rs. 1000
(F) Diploma in Psychiatric Nursing	Rs. 1500