

Chhattisgarh Nurses Registration Council

Raipur Chhattisgarh

Application for permission to appear for Final Year Examination

(This application must reach the Registrar, at least 2 month before the date fixed for the commencement of the examination)

Attested Photo

RE - TOTALING FORM

ANM-I / ANM-II / :-

GNM-I / GNM-II/ GNM-III

Subject: - I II

III IV

To,

The Registrar
Chhattisgarh Nurses Registration Council
Raipur Chhattisgarh

Through: - Principal /Senior Sister Tutor/In charge Sister Tutor. School of Nursing.....

Sir/Madam,

I request permission to present myself at the ensuing Re totaling in ANM-I / ANM-II / GNM-I / GNM-II / GNM-III Course. The sum of Rs. 100=00 is every subject forwarded herewith as Re totaling fee by Crossed Bank Draft.

PERSONAL DETAILS

1. Name in full (in block capital letters beginning with surname): - Ku./Smt.
D/o, W/osingle / marriedsex.....
2. Race or Caste or ReligionNationality
3. Date of BirthAge
4. Educational Qualification
5. Name of recognized training institution in which training
6. Date of admission to the recognized training institution
7. Permanent residential Address in full
8. Attempts similar Examination Address in full

S.No.	Roll No.	Month & Year of Exam	Subjects	Examination Centre

Place

Date

.....

Signature of Applicant