(Official	Use: -	Reg.	No
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CHHATTISGARH NURSESE REGISTRATION COUNCIL

...... Dt./....../....../

(Directorate of Health Service Raipur Chhattisgarh)

Prepaid	
Rs 50/- Vide	
Sr. No	•
Dated	

FORM (B) Application for Renewal of Registration

1.	Name in full (Surname First)				
	D/o, W/o, S/o Single/Married/Window/Separated				
2.	Date of BirthPhone/Mob. No				
3.	Permanent Address in full				
4.	Present Address in full				
	3				
5.	Education Qualification				
6.	NationalityCaste				
7.	Name of Training Institution				
8.	Date of Registration with Registration No				
9.	 Renewal of Registration required as B.Sc. Nursing /General Nursing/ Sr. Midwife/ Health Visitor/ Auxiliary - Nurse - Nurse - Midwife/ Revised. 				
10.	Date of Remitting Fee by SBI Collect reference No. DU				
11.	Aadhar Card Number of Applicant.				
so f	I Hereby Undertake that if any registration is renewed I will in the Practice of my profession as a erve and be bound by the provisions of the Act, and the rules and by laws made or order and instructions, issued there under far as they affect me and that it the council shall at any time after due enquiry, order my name to be removed from the ister. I will return to registrar the certificate and badge (if any) issued to me by the council.				
Not	te: 1. The form dully filled in should be presented along with original registration Certificates and Only One passport size photographs dully attested by.				
	2. The Amount of the fee sent directly by <u>Online Payment. for more information please visit our website</u> <u>www.cgnrc.org</u>				
Date	e:				
Plac	ce: Signature of Applicant And Full Name				
	RATE OF RENEWAL FEE				
	(A) B.Sc. Nursing Rs. 600				
	(B) Diploma in General Nursing Rs. 500				
	(C) Auxiliary Nurses – Midwifery Rs. 400				

Penalty for delay in Renewal of Registration:

If the Renewal of Registration is Delayed Penalty @ Rs. 100/- per year shall be charged.