

# MADHYA PRADESH NURSES REGISTRATION COUNCIL

Gomantika Parisar 3<sup>rd</sup> Floor, Near New M.L.A. Colony, 12 Daftar Road,

Jawahar Chouck, BHOPAL, M.P.-462003

0755- 4030825, 2770562 ( F)

(Form R)



Passport  
size  
Attested  
Photo

Passport  
size  
attested  
Photo

## Application for Renewal of Registration

1. Name in full (Surname first)-----Ku./Smt./Shri-----
2. Single/ Married/Widow/Separated-----
3. Age-----Date of Birth-----
4. Permanent Address in full-----  
-----Mobile No.-----
5. Present address in full-----  
-----District-----  
State-----Pin Code-----Mobile No.-----
6. Educational qualification-----
7. Where Trained-----
8. Date of Registration with Registration No.-----
9. Renewal of registration required as GENERAL NURSES/Sr. MIDWIFE/  
B.Sc.NURSING /G.N.M./ AUXILIARY-NURSE-MIDWIFE/REVISED-----
10. No. of in service training Programme/Seminar/Workshop attended (a) Date-----and  
duration----- (b) Place of training-----
11. Date of remitting Fee by Bank Draft-----Dated-----  
Name of Bank-----Amount-----

I enclose original registration certificates, which may please be returned to me along with renewal certificate.

I hereby undertake that if any registration is renewed, I will, in the practice of my profession as a-----observe and be bound by the provision of the Act and the rules and byelaws made or order and instructions, issued there under so far as they affect me and that if the Council shall at any time after due enquiry, order my name to be removed from the register. I will return to Registrar the certificate the certificate and badge (if any) issued to me by the council.

- Note- 1.The form duly filled in should be presented along with original Registration Certificates and two/three passport size photographs dully attested by a C.M.O./B.M.O.  
2. The amount of the fee sent direct by CROSSED BANK DRAFT ONLY PAYABLE TO REGISTRAR, MADHYA PRADESH NURSES REGISTRATION COUNCIL BHOPAL.

Date-----

Place-----

Signature of Applicant and Full Name

**(A) Rate of Renewal Fee:**

1. B.Sc. Nursing	Rs. 600/-	1. रूपये.....का बैंक ड्राफ्ट
2. General Nursing	Rs.300/-	2. दो/तीन फोटो प्रमाणित सी.एम.ओ. या बी.एम.ओ. द्वारा
3. Midwife	Rs. 300/-	3. फार्म पर प्रमाणीकरण सी.एम.ओ. या बी.एम.ओ. द्वारा
4. A.N.M./Female Health Worker	Rs. 300/-	4. मूल प्रमाण-पत्र पर धारक के हस्ताक्षर.
5. Health Visitor	Rs. 120/-	
6. Male Nurse Other	Rs. 600/-	
7. Name Change	Rs. 240/-	
8. Form Fee	Rs. 50/-	

**(B) Penalty for delay in Renewal of Registration:**

**Note: If the Registration is delayed penalty @ 120/- Per year for A.N.M and Rs. 240/- G.N.M/B.Sc (N) shall be charged, maximum penalty charged up to 5 years.**

नवीनीकरण हेतु विलंब होने की स्थिति में ANM कोर्स के लिये प्रतिवर्ष प्रति सर्टिफिकेट रूपये 120/- की दर किन्तु अधिकतम रूपये 600/- ली जावेगी 5 वर्ष एवं अधिक समय के लिये एवं GNM/B.Sc.(N) प्रतिवर्ष प्रति सर्टिफिकेट रूपये 240/- की दर से पैनाल्टी ली जावेगी । किन्तु अधिकतम पैनाल्टी रूपये 1200/- ली जावेगी 5 वर्ष एवं अधिक समय के लिये ।