(APPLICATION FORMET FOR RENEWAL). (ANM, GNM, B.SC N., T.DAI.)0177-2814320

To,		
	The Registrar,	
	H.P. Nurses Registration Council,	
	Shimla- 1.	
Subj	ect: - Regarding Renewal of Registrat	tion of B.Sc Nursing/GNM/ANM/T. Dai's.
Resp	ected Madam,	
	With due respect and humble su	ubmission, I would like to state that I,
Ms.	D/O -Sh.	have <u>College</u>
	·	Sc N Nursing training course from
	• • • • • •	
-	r.e.f. (Session: to	
	-	ate Nursing Council, Shimla on dated
		ssued by your office to me as
		and as a MidwifeNow
-		You are therefore requested, kindly
-		-
	ness.	very thankful to you for this act of
KIIIU		a at around and allows
	This is for your kind information	i at your end please.
	Thanking You.	
		Name
		D/O/W/O-Sh,
		Vill
		P/0, Teh,
		DisttH.P.
		Pin No Mob. No
DO	CUMENTS REQUIRED FO	
	ID WRITTEN APPLICATION	
	TRICULATION CERTIFICATE.	(DUOTOCODY)
		(PHOTOCOPY, OPICINAL)
REGISTRATION CERTIFICATE		(PHOTOCOPY +ORIGINAL)
	OHAAR CARD	(РНОТОСОРҮ)
	TAMP SIZE PHOTO	
	S: - 200/- for 6 months (Through	
Afte	r 6 months 1000/- rupees Pena	lty (If any)

Personally appearance should be must, bring your all original documents on Tuesday

and Friday.