

**MADHYA PRADESH NURSES REGISTRATION COUNCIL  
GOMANTIKA PARISAR 3<sup>RD</sup> FLOOR, JAWAHAR CHOWK  
BHOPAL, M.P.**

**0755-2770562, 4030825**

**(Form R)**

Prepaid

Rs. 50 vide

R.No.-----

Dated-----

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-----  
-----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. 500/- |
| 2. General Nursing             | Rs. 250/- |
| 3. Midwife                     | Rs. 250/- |
| 4. A.N.M./Female Health Worker | Rs. 250/- |
| 5. Health Visitor              | Rs. 100/- |
| 6. Male Nurse Other            | Rs. 500/- |
| 7. Name Change                 | Rs. 200/- |

1. रुपये.....का बैंक ड्राफ्ट
2. दो/तीन फोटो प्रमाणित सी.एम.ओ. या बी.एम.ओ. द्वारा
3. फार्म पर प्रमाणीकरण सी.एम.ओ. या बी.एम.ओ. द्वारा
4. मूल प्रमाण-पत्र पर धारक के हस्ताक्षर.

(B) Penalty for delay in Renewal of Registration:

If the renewal of Registration is delayed penalty @ Rs. 100/- per year per Certificate shall be charged. Maximum penalty is Rs. 500/- Only for 5 Years and above.

नवीनीकरण हेतु विलंब होने की स्थिति में प्रतिवर्ष प्रति सर्टिफिकेट रुपये 100/- की दर से पैनाल्टी ली जावेगी । किंतु अधिकतम पैनाल्टी रुपये 500/- ली जावेगी 5 वर्ष एवं अधिक समय के लिये ।