


GOA NURSING COUNCIL
BAMBOLIM GOA - 403 202

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Application Form for Accreditation of CNE

Program Details:

Program Title:			
Program Date:			
Program Timings:	From:	To:	
Program Venue & address			
Description of the Program in short with benefits (Please attach copy of the program)			
Target Audience:			
Field of specialty or subject area:			
Aim(s) and learning outcome(s) of the program:			
Applicants detail:			
Organization seeking accreditation:			
Activity Contact Person:	Telephone #:		
	Mobile #:		
Designation:	Fax:		
	Email:		