

CNE DECLARATION

**To,
The Registrar,
Goa Nursing Council,
Bambolim Goa.**

Name of the organization or Institution :
:
Address :
:
:
Name of the Organizing Secretary :
Mobile/Phone No. :
Fax Number :
Email :

1. We shall abide by the rules and regulations laid down by the Indian Nursing Council/ Goa Nursing Council and maintain a complete register of the proceedings of all CNE's for future reference.
2. We will send a copy of every CNE to be conducted by our Organization to the Goa Nursing Council in advance and we have No Objection for surprise verification of the CNE's by an authorized person from Goa Nursing Council.
3. We shall issue an attendance certificates to all the participants.
4. After each CNE program, we shall send the list of the Nurses participated to the Goa Nursing Council within 10 days by Registered post.
5. After each CNE program, Education Activity Evaluation Summary to be completed and submitted by the Organization/Institution within 10 days.
6. The information submitted to the Goa Nursing Council is true.

We request you to register our Organization/Institution, authorizing to conduct the CNE program and issue CNE credit hours to the program for the purpose of re-registration (Renewal of License)

I request to issue approval for (Title)_____CNE program.

Signature/date of the CNE Organizing Secretary