

# DELHI NURSING COUNCIL

Ahilya Bai College of Nursing Building  
Lok Nayak Hospital, New Delhi-110002

## Application Form for Accreditation of CNE

### Program Detail:

Program Title:	
Program Date:	
Program Timings:	From: _____ To: _____
Program Venue & address:	
Description of the Program: (Please tick all the relevant & attach copy of the program)	
<input type="checkbox"/> <input type="checkbox"/> Lecture <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Video stations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Online activities	
<input type="checkbox"/> <input type="checkbox"/> Practical Stations	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Conference <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Teleconference <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> Workshops <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others, Please Specify: <input type="checkbox"/> <input type="checkbox"/>	
Target Audience:	
<input type="checkbox"/> ANM/MPH(W) <input type="checkbox"/> Practicing Nurses <input type="checkbox"/> Midwives <input type="checkbox"/> Nurse Administrator	
<input type="checkbox"/> Nurse Educators <input type="checkbox"/> Others (Please Specify):	
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 :

Please, go through the checklist to ensure that your application is complete.

Accreditation Number:
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For Delhi Nursing Council use only:

Receiving Date:
Reference Number:
Remarks:  <input type="checkbox"/> Programme Schedule  <input type="checkbox"/> Outline of the programme and details of speakers  <input type="checkbox"/> Enough submission date  <input type="checkbox"/> Application fees

### Approval/Rejection

Accreditation granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewer:
No of Credit hours: CNE Credit hour(s)	Date :
Reason if rejected:	

