



**INAMA Y'IGIHUGU Y'ABAFOROMOKAZI, ABAFOROMO N'ABABYAZA
NATIONAL COUNCIL OF NURSES AND MIDWIVES
CONSEIL NATIONAL DES INFIRMIERES, INFIRMIERS ET DES SAGES-FEMMES
P.O BOX 4259 KIGALI MOB. TEL:(250) 0788386969 E-mail: info@ncnm.rw**

LICENSING EXAMINATION RESULTS COMPLAINT FORM

URUPAPURO RWUZUZWAHO UBURURIRE BW'IBYAVUYE MU BIZAMINI

NAMES/ AMAZINA YOMBI.....

DEPARTMENT/ ISHAMI RY'UMWUGA: Gen. Nursing/ Ubuforomo A1 A0
Mental Health A1
Midwifery / Ububyaza A1 A0

REQUEST: CHECKING/ GUSUZUMA (RWF 5000)

OTHER REASON/ INDI MPAMVU (RWF+ 5000)

EXAMINATION CODE/ UMUBARE W'IBANGA WAKORESHEJE:

EXAMINATION CENTR/ AHO WAKOREYE IKIZAMINI:

- WRITTEN/ ICYANDITSE:
- PRACTICALS/ ICY'UBUMENYINGIRO:

ADDRESS/ AHO UTUYE:

TELEPHONE NUMBER/ NOMERO YA TELEPHONE:

EMAIL:

REASON FOR COMPLAINT IN BRIEF/ IMPAMVU Y'UBURURIRE MU NCAMAKE

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PARTICULAR EXAM/IKIZAMINI UJURIRIRA WRITTEN **PRACTICAL**

PROVIDE EVIDENCE IF ANY/ TANGA IBIMENYETSO NIBA BIHARI:

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NAMES AND SIGNATURE/ AMAZINA N'UMUKONO:

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DATE/ ITARIKI: /...../20.....