

NATIONAL COUNCIL OF NURSES AND MIDWIVES FORM  
LICENSING EXAMINATION RESULTS COMPLAINT FORM  
URUPAPURO RWUZUZWAHO UBURIRE BW'IBYAVUYE MU BIZAMINI

NAME /AMAZINA YOMBI:.....

PROF. CATEGORY/ISHAMI RY'UMWUGA:Gen.Nursing/Ubuforomo

Mental Health Nursing

Midwifery/ Ububyaza

REQUEST: CHECKING/ GUSUZUMA (RWF 5000)

OTHER REASON/ INDI MPAMVU (RWF ± 5000)

EXAMINATION CODE/UMUBARE W'IBANGA WAKORESHEJE:.....

EXAMINATION CENTERS/ AHO WAKOREYE IBIZAMINI:

- THEORY/ ICYANDITSE:.....
- PRACTICALS/ ICY'UBUMENYINGIRO:.....

ADDRESS/AHO UTUYE:.....

TELEPHONE No/UMUBARE WA TELEPHONE:.....

EMAIL:.....

REASON FOR COMPLAINT IN BRIEF/IMPAMVU MU NCAMAKEYO KUJURIRA:

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PARTICULAR EXAM/N'IKIHE KIZAMINI UJURIRIRA:THEORY  PRACTICAL

PROVIDE EVIDENCE IF ANY/TANGA IBIMENYETSO NIBA BIHARI:

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SIGNATURE/UMUKONO WAVE:.....

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