

**MINISTRY OF HEALTH
FEDERAL DEPARTMENT OF NURSING
MOH FEDERAL NURSES RE-EVALUATION FOR GRADE ADJUSTMENT**

FACILITY:-----

DATE:-----

No.	Name	C.S.No.	Sex	D.O.B. D/M/Y	Nationality	General Education before nursing & year of Graduation	Nursing education & year of Graduation	Employment Date	Current Grade	Last Promotion Date	Proposed Grade

DON Name:-----

Signature:-----