



## WEST BENGAL NURSING COUNCIL

OFFICE OF THE WEST BENGAL NURSING COUNCIL  
"PURTA BHAVAN", 3<sup>RD</sup> FLOOR, ROOM NO. - 302, BLOCK-DF,  
SECTOR - I, SALT LAKE, KOLKATA - 700091 INDIA  
Email ID : wbnc\_22302059@ymail.com

NO 4926...../488/NC

Date: 10 10 1 / 2025

### NOTICE FOR CORRIGENDUM REVIEW OR SCRUTINY OF ANSWER SCRIPTS

The authorities of all recognized nursing Institutions under West Bengal Nursing Council conducting A.N.M.(Revised), Short Term Courses ( CVT, Neuro Nursing, Psychiatric Nursing, Oncology Nursing, NPM Educator is hereby being informed that the **Results of above course examination which were declared on 2<sup>nd</sup> January 2025 in September & November – 2024 for the above examination.**

Therefore, all institutions who wish to Review OR Scrutiny their Answer Scripts must submit their **Review Or Scrutiny Application Form** (one application for one student) **downloaded from the official website (go to menu bar 'Download' and click download and then you will see "Application Form for Scrutiny Or Review of Marks) only.**

**Review Or Scrutiny Application Form for the above examination** will be received on & from **13.01.2025 to 22.01.2025** as per the decision of the Council. Under no circumstances, the last date will not be extended.

After completion of Review, the final notice for Review Results will be published in the official website of WBNC i.e. **www.wbnc.in** OR/ and the letter for Review Result will be sent to individual nursing training school/s through their respective email-ID.

*Sanjay*  
*10/10/2025*  
Registrar

**West Bengal Nursing Council**

Skc/wbncallnotice 2

\*\*\*\*\*





## WEST BENGAL NURSING COUNCIL

OFFICE OF THE WEST BENGAL NURSING COUNCIL  
"PURTA BHAVAN", 3<sup>RD</sup> FLOOR, ROOM NO. - 302, BLOCK-DF,  
SECTOR - I, SALT LAKE, KOLKATA - 700091 INDIA  
Email ID : wbnc\_22302059@ymail.com

NO 4926...../488/NC

Date: 10 / 01 / 2025

### NOTICE

On the basis of the resolution made by the Executive Members of the WBNC in its 204<sup>TH</sup> General Body Committee Meeting held on 26<sup>th</sup> July 2024 it is hereby being notified that -

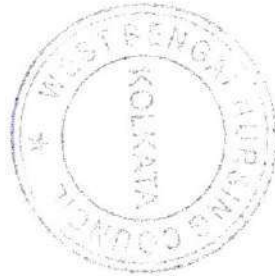
1. After publication of the said results, a student may apply for REVIEW or SCRUTINY of Answer Script(s) for one or more Paper/Subject within the stipulated date with the prescribed fees submitted through Bank Draft or Online SBI Collect. No application for Scrutiny & Review will be accepted after the above mentioned scheduled date.
2. All Successful candidates may apply for PPS [fee for Scrutiny of per Paper: Rs. 1000=00 (Rupees One Thousand) Only].
3. All Unsuccessful candidates may apply for PPR [fee for Re-evaluation of per Paper: Rs. 2000=00 (Rupees Two Thousand) Only].
4. A single candidate is eligible to apply either for Scrutiny or for Review only. Application for both will not be accepted.
5. The Re-evaluation marks will be the Final mark scored by the student - be it more or less than the marks before Review or Scrutiny and a fresh mark-sheet will be issued on surrender of the previous mark sheet.

For submission of hard copy of forms, fees are to be paid by SBI Collect / Bank Draft issued by STATE BANK OF INDIA ONLY in favour of the West Bengal Nursing Council payable at Kolkata.

*Sanjal*  
10/01/2025

Registrar  
West Bengal Nursing Council

[Skc/wbncallnotice](#)



Serial No....



### WEST BENGAL NURSING COUNCIL

"PURTA BHAVAN", 3<sup>RD</sup> FLOOR, ROOM NO. - 302, BLOCK-DF,  
SECTOR - I, SALT LAKE, KOLKATA - 700091 INDIA  
Email ID : wbnc\_22302059@ymail.com

#### APPLICATION FORM FOR SCRUTINY / REVIEW OF MARKS

<b>DETAILS OF FEE REMITTANCE</b>  SBI Collect Ref. No..... Amount Rs..... Date of Payment .....	<b>FOR OFFICE USE</b>  SET NO..... Examiner's Name..... SUBJECT/S
---	---

To  
The Registrar  
West Bengal Nursing Council  
Kolkata-700091

SCRUTINY (Re-totalling)	<input type="checkbox"/>	Rs. 1000/- (Each Paper)
REVIEW (Re-evaluation)	<input type="checkbox"/>	Rs. 2000/- (Each Paper)

Please TICK (✓) MARK  
in the appropriate box

Dear Madam,

I, the understand request you to verify my marks as per details given below:

1	NAME OF EXAMINATION													
2	Name of the Candidate (BLOCK LETTERS)													
3	Roll No.	Y	E	A	R	M	M	-	N	U	M	B	E	R
4	Name of Examination Centre													
5	Gender (tick mark ✓)	Male		Female										
6	Name of the Training School													

Subject (s) for which SCRUTINY (PPS) / REVIEW (PPR) OF MARK is required

Sl	PAPER	SUBJECT/S	PPS (Scrutiny)	PPR (Review)	Marks Secured	Max. Marks	For Office use only
1							
2							
3							
4							
Official Email-id of the Training Institution by which the Result of the Scrutiny or Review will be sent.							

#### DECLARATION OF THE CANDIDATE

I have gone through the instructions to the candidates printed overleaf.

Date :

Signature of the Candidate

#### DECLARATION OF THE HEAD OF THE INSTITUTION

I hereby declare that Smt. \_\_\_\_\_ Course \_\_\_\_\_

Year \_\_\_\_\_ Batch \_\_\_\_\_ is a Student of this Institution.

Date :

Seal & Signature of the Head of Institution