



Office of the West Bengal Nursing Council

"Purta Bhawan", Room No. 302, 3rd floor,
D.F. Block, Sector – I, Salt Lake City,
Kolkata – 700 091. ☎ (033) 2321 2059.
Email: wbnc_22302059@ymail.com
Website: www.wbnc.in



No. **SSSB/488/315A**
/ NC

From: Registrar, West Bengal Nursing Council

Date: **24/03/2025**

NOTICE

The authorities of all the Nursing Training Schools conducting **AUXILIARY NURSING MIDWIFERY (02 YEARS)** course are hereby being instructed to follow the below enlisted information to fill up the examination form for the **First & Final Year Auxiliary Nursing Midwifery(Revised) Examination** to be held in **APRIL – 2025**.
URL – wbnc.wb.gov.in

USER ID – The existing user id for the individual school

Password: 1234# (This password may be changed by the school authority at the time of form fill up)

A tentative examination schedule for the examination is hereby mentioned below.

Sl. No.	Details of Activity	Date
1.	Starting of Online Examination Form Fill Up	03.04.2025
2.	Ending of Online Examination Form Fill Up	05.04.2025
3.	Physical Submission of Examination Form at WBNC	07.04.2025 & 08.04.2025
4.	Downloading of Admit Card by the Institute	09.04-2025 to 11-04-2025
5.	Starting of Uploading I.A. marks in the portal by the Institute	16-04-2025
6.	Ending of Uploading I.A. marks in the portal by the Institute	17-04-2025
7.	Physical submission of I.A. marks & Teacher information sheet (System Generated) at WBNC	21.04.2025 & 22.04.2025
8.	Date of Examination for Practical (Tentative)	28-04-2025 & 29-04-2025
9.	Date of Examination for Theory (Tentative)	22.04.2025 onwards
10.	Date of Publication of Result (Tentative)	14-05-2025

** Please follow official website of wbnc.in & official whatsapp group of 'WBNC' for any update regarding the Schedule.

Fees for examination form

- a. Examination fees for each candidate is Rs. 420/- & Marksheet fees for each candidate is Rs. 130/- (for each candidate Rs. 550/-). Total fees will be submitted bulkly through online SBI collect or SBI E-PAY). Payment through Demand draft will not be accepted.

List of documents for physical submission of examination form

- a. Forwarding letter from the Institution in Institution letterhead.
b. Student Registration Copy (Self-attested).
c. Student Marksheet (Self –Attested) [For Re-sit candidates]





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No. SSSB/488/3/SA
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- d. Student examination log sheet from the portal.
 - e. SBI collect/SBI e-pay receipt copy.
 - f. Faculty list for concerned course (First entry the particulars in the portal, then Print)
- N.B. : For online examination form fill up, please follow the instruction which is attached with the notice.**

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24/03/2025
REGISTRAR

WEST BENGAL NURSING COUNCIL





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No. SSSB/488/3/SA

From: Registrar, West Bengal Nursing Council

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**STEPS FOR ONLINE EXAMINATION FORM FILL-UP FOR THE
First & Final Year Auxiliary Nursing Midwifery(Revised) Examination , APRIL – 2025.**

- STEP – 1 : <http://wbnbc.wb.gov.in> press enter
STEP – 2 : LOG IN (EXISTING USER LOG IN ID AND PASSWORD)
STEP – 3 : STUDENT EXAMINATION ↓
EXAMINATION FORM FILL UP ↓

Step – 2: Click on “ + ” button.





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No. SSC/488/31/SA
/ NC

Date: 24/03/25

From: Registrar, West Bengal Nursing Council

EXAMINATION FORM FILL UP

Course: ANM(R) (18 Months & 6 Months Internship) - C00000002

Examination: FIRST YEAR AUXILIARY NURSING MIDWIFERY (REVISED) REGULAR 02 YEARS COURSE EXAMINATION-SEPTEMBER 2024 - EX00000000000000166

Name	Application Form No	Status	Action
KULSUM BANU	EFF97134	Yes	<input type="checkbox"/> <input type="checkbox"/>
RUBINA BEGUM	EFF97132	Yes	<input type="checkbox"/> <input type="checkbox"/>
RATNA BISWAS	EFF97112	Yes	<input type="checkbox"/> <input type="checkbox"/>
PRERONA DAS	EFF97110	Yes	<input type="checkbox"/> <input type="checkbox"/>

Step - 3: Click on individual students and submit the form.

West Bengal Nursing Council

School Name*
---Please Select---

Student Name*
---Please Select---

Father's Name
Nationality

Religion
Language

Caste
Date of Birth

Admission Date*
Exam Year*
---Please Select---

Batch No
Appearing No*
---Please Select---

Previously Appeared*
---Please Select---

Training Duration (In Months)
Training From Date
mm dd yyyy

Training To Date
mm dd yyyy

Annual Leave (Maximum 28 days)*
Extra Leave Taken*
---Please Select---

Paid Amount





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Step – 4 : After finishing all the students' examination form fill up, click on "View" after that click on "Exam form fill up Summary" select "exam name" and click on "Show ". After showing the date click on "Print".



