



West Bengal Nursing Council, Govt. of West Bengal

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[User Manual \(UserManual/NursingCouncilStudentRegistration.pdf\)](#)

Nurse Registration Addition For College

Application Number	<input type="text"/>	Application Date	<input type="text" value="08-Dec-2021"/>
Registration Category :	<input type="text" value="B.Sc. Nursing - R0004"/> *		
Course	<input type="text" value="B.Sc. Nursing - C000000023"/> *		
College Name :	<input type="text" value="Govt. College of Nursing, S.S.K.M. Hospital, Kolkata - NC001"/> *		
University Name :	<input type="text" value="THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES - U0002"/> *		
Student Reg. No.	<input type="text" value="WBUHS REG. NO."/> *	Applicant Name	<input type="text" value="AS PER CLASS 10TH ADMIT"/> *
Marital Status	<input type="text" value="--Select--"/> *	Date of Birth	<input type="text" value="AS PER CLASS 10TH ADMIT"/> *
Birth Place	<input type="text" value="AS PER BIRTH CERTIFICATE"/> *	Father's Name	<input type="text" value="AS PER CLASS 10TH ADMIT"/>
Husband's Name	<input type="text"/>	Caste	<input type="text" value="General"/>
Aadhaar No	<input type="text"/> *		

Permanent Address

Address	<input type="text" value="AS PER ADHAR"/> *		
Post Office	<input type="text"/> *	Police Station	<input type="text"/> *
State	<input type="text" value="--Select--"/> *	District	<input type="text" value="--Select--"/> *
Pin	<input type="text"/> *	Mobile No.	<input type="text"/> *

Present Address

 Same as Permanent Address

Address	<input type="text" value="AS PER ADHAR"/> *		
Post Office	<input type="text"/> *	Police Station	<input type="text"/> *

State	<input type="text" value="--Select--"/>	*	District	<input type="text" value="--Select--"/>	*
Pin	<input type="text"/>				*
Nationality	<input type="text" value="INDIAN"/>				*
Training Years	<input type="text" value="4"/>	*	Training Months	<input type="text" value="0"/>	*
Completion Years	<input type="text" value="2021"/>				
Training From Date	<input type="text" value="01-SEP-2017"/>	*	Training To Date	<input type="text" value="31-AUG-2021"/>	*
Passed With / in	<input type="text" value="PASSED"/>		Result Publication Date	<input type="text" value="AS PER LAST YEAR RESULT"/>	
Mark Sheet(Yes/No)	<input checked="" type="checkbox"/>		Attested Photo (Yes/No)	<input checked="" type="checkbox"/>	
Pay Mode :	<input type="text" value="E Payment"/>		Paid Amount	<input type="text" value="2030"/>	
Demand Draft No.	<input type="text"/>		Demand Draft Date	<input type="text"/>	
Demand Draft Bank	<input type="text"/>		Released On	<input type="text" value="AS PER RELEASE ORDER"/>	*
	 <input type="text"/> Select Image Upload		 <input type="text"/> Select Signature Upload (.jpg, .jpeg, .png)		
	<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Choose File"/> No file chosen		
Administrative Approval	<input type="text" value="--Select--"/>				
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					