



Office of the West Bengal Nursing Council

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Website: [wbnursingcouncil.org](http://wbnursingcouncil.org)



No. 1212 / 488 / NC

Date: 21/06/2022

From: Registrar, West Bengal Nursing Council

**NOTICE**

**RENEWAL / VALIDITY FOR THE ACADEMIC YEAR 2022-2023**

Sir / Madam,

All the recognized training institutions that are conducting any Nursing course under West Bengal Nursing Council are hereby being requested to fill up renewal validity Proforma (One copy) for the academic year **2022 – 2023**. The said proforma is already uploaded in the official website of West Bengal Nursing Council. The filled up Proforma (One copy) along with requisite documents have to be submitted physically / by speed post to the office of the West Bengal Nursing Council on and from **27<sup>th</sup> June 2022 to 15<sup>th</sup> July, 2022**. The requisite fees of **Rs. 4000/-** for each course have to be submitted only via **SBI Collect** or by **Demand Draft**. The Demand Draft should be in favour of "**West Bengal Nursing Council**", Payable at **Kolkata**. The process for making payment via **SBI Collect** and other documents are furnished below.

**Steps for making online Payment via SBI Collect:-**

- Step-1 : Visit [www.wbnc.in](http://www.wbnc.in)
- Step- 2 : Click on "State Bank Collect"
- Step-3 : Click on "Check Box" Then Click on "Proceed"
- Step-4 : Select Payment Category "INSPECTION FEES" & complete Payment Process.

- 1) A downloaded copy of INC Application Form for Renewal Validity.
- 2) A copy of INC Renewal / Validity 2021-2022
- 3) A copy of WBNC Permission letter 2021-2022.
- 4) A copy of WBNC Inspection Fees 2022-2023.
- 5) List of teaching faculty mention with i) Name of Nurse-Teachers with Qualification, ii) Registration Number, iii) Date of Joining as Teacher, iv) Previous posting as Nurse-Teacher, v) Name of New Place of Posting as Nurse-Teacher if any, vi) Subject Taken and viii) remarks (if any) positively along with E-mail ID of NTC mandatory and must follow the norms of Clinical Experience of 02 (Two) years' for newly appointed teacher/s.
- 6) A copy of Pollution Control Board Certificate issued to parent/affiliated hospital.
- 7) Institutions should have 1:10 teacher-student ratio.
- 8) Institution should have labs as prescribed by INC.
- 9) A copy of Compliance Report of WBNC submitted to this Council. It is compulsory that Compliance Report submitted within 06(six) months from the date of last inspection / or opening the new Nursing Schools/ Colleges.

Your co-operation is highly solicited.

Registrar

West Bengal Nursing Council



7. (a). If the institute has P.B.B.Sc. (N) following details of the admitted students to be enclosed

Sl. No.	Name of Student	R.N & R.M. Number	Residential Address	Place & Address of work at the time of admission	Board/ University form where last qualifying exam passed	Duration of Course with dates	
		GNM / B.Sc. (N)				From	To

Note :-

- i) A declaration by the principal, College of Nursing stating that the information is true to their knowledge of the student's details.
- ii) A declaration by student also stating that they are undergoing regular course of 2 years P.B.Sc. (N) programme offered by ..... Institute.

7. (b). If the institute has M.Sc. (N) following details of the admitted students to be enclosed

Sl. No.	Name of Student	R.N & R.M. Number	Residential Address	Place & Address of Work at the time of admission	Board/ University form where last qualifying exam passed	Duration of Course with dates	
		GNM / B.Sc. (N)				From	To

Note :-

- i) A declaration by the principal, College of Nursing stating that the information is true to their knowledge of the students details.
- ii) A declaration by student also stating that they are undergoing regular course of 2 years M.Sc. (N) programme offered by \_\_\_\_\_ institute.

8. Online registration of all the said details on the website : Yes  No   
For 2020-2021 academic year.

8 (a). If Yes, whether the same is submitted to WBNC : Yes  No

9. Physical Facilities for all the nursing programme : Annexure No. \_\_\_\_\_

9 (a). Whether the institution has its own building : Yes  No   
(Building Completion Certificate by **competent** state Authority / copy of **Title Deed** to be attached)

9 (b). Built-up area (in sq.ft) of Teaching Block : \_\_\_\_\_

9 (c). Built-up area (in sq.ft) of Hostel Block : \_\_\_\_\_

9 (d).

Sl. No.	Nursing programme for which the class is used	Size of the class rooms

\* **Annexure** **Blue print of the institution under instruction sl. No. 9**

9 (e). Laboratory Facilities for all the Nursing Programmes :

Sl. No.	Name of the Laboratory	Size of the Laboratory (in sq.ft.)	Number of Equipment's and Articles	Number of Dummies and Dolls

\* Annexure \_\_\_\_\_ **Blue print of the institution under instruction sl. No. 9**

10. Teaching Faculty for all the Nursing Programmes:

Sl. No.	Name of the teaching faculty	Designation	Qualification along with specialty	Name of the Instt. / University.	Year of passing	R.N. & R.M No. *	Teaching Experience			Date of Joining	Aadhaar No/ NUID No
							Diploma	UG	PG		

\* **Incomplete information will be rejected**

\* **Annexure to be enclosed in the given format**

11. Clinical Facilities for all the Nursing Programmes:

Name of the Parent Hospital along with address	Number of beds	Bed occupancy
Name of the affiliated Hospital along with address	Number of beds	Bed occupancy
1.		
2.		

12. Pollution Control Board Certificates of each hospital : Annexure No. \_\_\_\_\_
13. Receipt of the Hospital / Nursing home for clinical Experience of students for 2017-18 academic year : Annexure No. \_\_\_\_\_
14. Permission letter of hospitals for clinical experience : Annexure No. \_\_\_\_\_
15. **Distribution of beds:**

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgical & Orthopedic				
Pediatrics				
Gyne. & Obst.				
Psychiatric				
Eye, ENT				
ITU / ICCU / ICU				
Nephrology				
Emergency / Causality				
ICU Oncology				

**16. Library Facilities for all the Nursing programmes:**

Sl. No.	Number of Nursing Books & Titles	Number of Nursing Journals Subscribed	
		National	International

**17. Anti-Ragging Monitoring Committee, If yes Members & their Mobile Numbers:**

Sl No.	Members Name	Mobile No

**18. Anti-Ragging Squad, If yes Members & their Mobile Numbers:**

Sl No.	Members Name	Mobile No

**19. Name of the Faculty has undergone Continuing Nursing Education:**

Sl. No.	Name of the Faculty	CNE DETAILS
1.		
2.		
3.		
4.		
5.		

**DECLARATION BY THE APPLICANT**

I ..... S/O, D/O or W/O ..... declare that all the documents & information submitted in this application form are true to the best of my knowledge. I understand that if any of the information is found wrong, my application will stand cancelled. I shall abide by the rules & regulations in force in Indian Nursing Council and as amended from time to time.

Name of the Applicant : \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Seal of the Institution : \_\_\_\_\_

**Certificate from State Nursing and Registration Council**

I hereby certify that the details given in various columns of this format are true and correct in best of my knowledge.

Signature of the Registrar : \_\_\_\_\_

Name of the Registrar : \_\_\_\_\_

Date: \_\_\_\_\_ State Nursing Council : \_\_\_\_\_

Seal of the Council : \_\_\_\_\_