

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: wbnursingcouncil.org



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Date: 211061 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 27th June 2022 to 15th 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

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.
- A copy of INC Renewal / Validity 2021-2022 2)
- 3) A copy of WBNC Permission letter 2021-2022.
- A copy of WBNC Inspection Fees 2022-2023. 4)
- List of teaching faculty mention with i) Name of Nurse-Teachers with Qualification, ii) 5) 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.
- Institutions should have 1:10 teacher-student ratio. 7)
- Institution should have labs as prescribed by INC. 8)
- A copy of Compliance Report of WBNC submitted to this Council. It is compulsory that 9) 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.

West Bengal Nursing Council



WEST BENGAL NURSING COUNCIL

"Purta Bhawan", Room No. 302, 3rd Floor, D.F. Block, Sector – I, Salt Lake City, Kolkata – 700 091.

Striving to achieve uniform standards of Nursing Education

APPLICATION FOR THE RENEWAL / VALIDITY 2022-23

(One form for all the Nursing Programme of the Institute)

Last Date : 15/07/2022

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Website: www.wbnc.in E-mail - wbnc 22302059@ymail.com

Education

Seats Sanctioned by INC & WBNC:

Phone: 033 - 23212059

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	Duration of Couse with dates	
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. (b).	If the institute has	M.Sc. (N) followin	g details of the	e 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	Duration Couse wi	
		GNM / B.Sc. (N)			exam passed	From	То
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a	(4)	Laboratory	Facilities	for all	the N	Jurgina	Programmes	
9	(e).	Laboratory	racilities	tor all	the N	vursing	Programmes	ï

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

* AnnexureBlue pri	nt of the institution	under instruction sl. No. 9
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10. Teaching Faculty for all the Nursing Programmes:

SI. No	Name of the	Designati on	Qualificat ion along	Name of the Instt. /	Year of passing	R.N.		ching crience		Date of	Aadha ar No/
•	teaching faculty		with specialty	University.		R.M No.	Diploma	UG	PG	Joini ng	NUID No

^{*} Incomplete information will be rejected

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. •		

 $Website: \underline{www.wbnc.in} \ E\text{-mail} - \underline{wbnc} \ \underline{22302059@ymail.com} \\ Phone: 033 - 23212059$

^{*} Annexure to be enclosed in the given format

12. Po	llution Control B	oard Certificates o	spital	: Annexure No				
		ital / Nursing hom nts for 2017-18 ac		: Annexure No.				
14. Pe	rmission letter of	hospitals for clini	cal experi	ence	: An	nexure No		
15. D	istribution of be	ds:						
Clir	nical Areas	Pa	irent		A	ffiliated		
		No. of Beds	Bed Oc	ccupancy	No. of Beds	Bed Occupancy		
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16. Li	ibrary Facilities	for all the Nursir	ng progra	mmes:				
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17. A	nti-Ragging Moi	nitoring Commit	tee, If yes	Members	& their Mobile N	lumbers:		
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No.								
								

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Sl No.	Members Name	Mobile No
		·
	Name of the Faculty has undergone Con	tinuing Nursing Education:
Sl. No.	Name of the Faculty	CNE DETAILS
1. 2.		
3.		
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	DECLARAT	ION BY THE APPLICANT
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	by certify that the details given in various co ledge.	olumns of this format are true and correct in best of my
	Signature of the	he Registrar :
	Name of the R	Registrar :
)ate:	State Nursing	Council :
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