



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: wbnbc_22302059@ymail.com
wbnursingcouncil@gmail.com
Website: www.wbnc.in



NO. 1026A
...../75/488/NC

DATE: 31/05 /2023

CORRIGENDUM

URGENT NOTICE

The authorities of all the INC & WBNC recognized Nursing Institutions (Both Government/Non-Government) under West Bengal Nursing Council conducting **GENERAL NURSING-MIDWIFERY (3-YEARS) COURSE** are hereby being informed that owing to the daily increasing number of institutions, this Council has been facing severe problems for conduction of nursing examination in both Practical & Theory Parts.

Furthermore, it is more difficult to arrange Clinical Field for conducting the Practical Examination for Non-Government Institutions as they fulfill most of the clinical experiences in Government Hospitals because arrangement of Clinical Field of their Parent Hospitals is not suitable enough for conducting the Council Practical Examination.

Finally, the Council has decided that **every Non-Government Institution** will take responsibility to arrange their Clinical Field for Practical Examination only (subject to be change from time to time) by themselves and **submit this to the Council (Printed Excel Sheet) within 01(one) months from the date of issuance of this notice** by hand or through email (wbnursingcouncil@gmail.com / wbnbc_22302059@ymail.com) as WBNC shall check/verify its suitability.

It is also being instructed to fill up the below specified format along with the official seal, signature of the institutional authority with date & mobile no in their institutional office pad before submission of the documents to this office.

SUITABILITY FORM FOR CONDUCTING WBNC EXAMINATION (2023)

Excel Sheet

PART – A :

Sl.	Name of the Trust/ Society/Missionary	NAME of the NTS (as per record of WBNC)	ADDRESS of NTS (as per record of WBNC)	GNM	Intake Seat	Recognition / Affiliation DD / MM / YYYY	
						WBNC	INC
1		a					
		b					
		c					

PART – B :

Sl.	NAME of the NTS (as per record of WBNC)	Name of Clinical Fields (as per record of WBNC)	Clinical Field (Govt./Pvt.)	Address Clinical Field (Govt./Pvt.)	GNM	Name of the Principal & email id of NTS
1		a				
		b				
		c				

Batalyal
Registrar

West Bengal Nursing Council

Skc/wbnc notice/April-2023/GNM