

Rs. 30/-

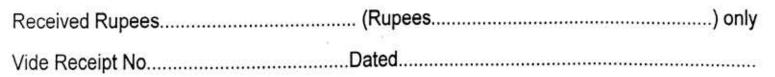
WEST BENGAL NURSING COUNCIL PURTA BHAVAN, 3RD FLOOR, ROOM NO.-302, DF-BLOCK, SECTOR-1 SALT LAKE CITY, KOLKATA - 700 091 Phone : 033-2321-2059

APPLICATION FORM FOR ADDITIONAL QUALIFICATION

Name in full (Block Letters)	
Father's Name	
Date of BirthPlace of Birth	
Permanent address in full	
Working at	
Name of the Training Institution	
Period of Training	
Name of University	
Additional Course Name	
W. B. N. C. Registration No. & Date :	
The prescribed fee of Rupees is paid herewith.	
Requirements :- Rs. 1000/- (One Thousand) only	
1. Fees :- by Cash.	
 Original Certificate for verification and self attested photo copy of West Bengal Nursing Council Registration Certificate. 	
3. Self attested copy of each degree certificate.	•
Note :- Cash will be closed at 3.30 P.M.	
Dated, Kolkata The20	Signature of the Applicant in full with Mobile No

Signature & Seal of Head of Training Centre

FOR OFFICE USE ONLY



CASHIER WEST BENGAL NURSING COUNCIL

ZP-1000 (100X10) April 2017