

SERIAL NO. .... 36 .....



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 Birth.....Place 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 :-**

1. Fees :-  - by Cash. Rs. 1000/- (One Thousand) only

2. 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 The .....20 .....

Signature of the Applicant in full  
with Mobile No.....

Signature & Seal of Head of Training Centre

**FOR OFFICE USE ONLY**

Received Rupees..... (Rupees.....) only

Vide Receipt No..... Dated.....

**CASHIER**  
**WEST BENGAL NURSING COUNCIL**