

No. 38

Rs. 30/-

WEST BENGAL NURSING COUNCIL

FORM OF APPLICATION FOR REGISTRATION AS STUDENT
FOR DIPLOMA IN CARDIO-THORACIC NURSING / PSYCHIATRIC NURSING /
NEONATAL NURSING / NEURO SCIENCE / CRITICAL CARE NURSING

(To be filled by the Candidate only)

1. Name of the student (in full)
(Block Lettrs)

Date	Month	Year	Birth / Place

2. Date of birth/Place of birth

3. Home Address (Permanent)
with Pin Code

4. Father's / Husband's Name

5. Student Registration No.
(Registered Nurse / Registered
Midwife if Registered under W.B.N.C.)

6. Qualifying Registration No.

7. Nationality

8. Name of the Institution where
admitted

9. Date of Admission

10. Educational Qualification

Signature of the applicant in full

I hereby certify that the above particulars are true to my knowledge.

Signature of the head of the institution
(Office Seal)

Date20

N.B. One Xerox Copy of Admit Card of School Final / Madhyamik / H.S. Examinations and one Xerox Copy of Nursing Diploma & Registration certificate of your council should be attached with this form.

FOR OFFICE USE

Received Rs.....vide R/No.....Date.....

Cashier