WEST BENGAL NURSING COUNCIL

8, Lyon's Range, Mitra Building (4th Floor), Kolkata - 700 001 Phone No. 2230 - 2059 /2231 - 5579



APPLICATION FORM FOR DUPLICATE MARK - SHEET

AFFEICATIO	N FORM FOR DUPLICATE M	ARK - SHELT
		Dated :
ne Registrar,		
est Bengal Nursing Council,		
lkata - 700 001		
	Sub: Duplicate Mark - Sheet	
THE SEASON STORY FOR STORY STORY	ovomination/o\ of the Ooses!	Mary shoot's was
from my custody and I made a	diary with local police station	My original mark-sheet/s was/
l am su	ibmitting Rs.	s Mark-Sheet fee by Cash. P
vide me the Duplicate Mark - Sh	neet/s.	
I shall be bound tot the	dualizata and Alice a	W 12 W 12 0
et back the original one later.	auplicate mark-sheet to the Re	gistrar, West Bengal Nursing Co
or sack the original one later.		
		<u> </u>
Name of the Training School	Name of the Examination	Month & Year of Examination held
		Examination field
	· ·	
		1
		-
	<u> </u>	
W. H.		Yours faithfully,
		*
	s 	Cimpature of the Condidate
		Signature of the Candidate
		(Student Registration No.)
I II Diame of local	Dalias Station with appli	nation Damaged Mark 6
Attach the Diary of local	ronce Station with appli Sprayar	cation. Damaged Wark - S
d be submitted along with	ı pıayeı.	
	FOR OFFICE USE ONLY	

Mark - Sheet Roll No.

Despatched on

Fee of Rs.

Receipt No. & Date