## WEST BENGAL NURSING COUNCIL

	DIRECTIVES FOR OBTAINING A DUPLICATE CERTIFICATE		
1.	The declaration form is available from the office of the Registrar, WEST BENGAL NURSING COUNCIL @ Rs. 20/- each. The declaration form should be filled in details by the candidat herself.		
	N.B.: The declaration form issued by the West Bengal Nursing Council will only be accepted		
2.	The candidate is then required to send the following documents through Proper channel.		
a)	The declaration form duly countersigned by a Senior Trained registered nurse/midwife/o D.P.H.N./or a Medical Practitioners practising under Govt,organisations and whose name still borne on the registers of the respective council.		
b)	An affidavit sworn before a 1st Class Magistrate by herself stating therein :		
(iv)	(i) Name: (ii) Father's Name: (iii) Name of the training school:  Date of Passing the examination of the Council: (v) Registration Number in full:		
-	Circumstances under which the Certificate was lost: (vii) Number and Date of ry made with the Police Station.		
	(ORIGINAL AFFIDAVIT IS NOT RETURNABLE)		
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3.	An advertisement has to be made in the daily leading Newspaper about the loss of the Cer-		
	tificate and the said paper must be submitted alongwith the declaration form.		
	The requisite fee for Duplicate Registration Certificate is Rs. 1000/- (One Thousand Only) per certificate. Fee should be submitted by cash/M.O./or by Bank Draft in favour of Registrar,		

- West Bengal Nursing Council.
- Three four Passport sized photographs, duly attested (two on front and the others on the back side) by Nursing Superintendent, or D.M.O., or C.M.O.H. or B.M.O.H. or gazetted officer, where she is employed. Name of the candidate should be mentioned on the photographs.
- 6. The Duplicate Certificate collect by the candidate in personally from the office of the West Bengal Nursing Council.

which all the above requirements have be	sen runned the case would then only be conside
for issuance of the "DUPLICATE CERTIFI	ICATE" in favour of the incumbent.
KOLKATA	
©	Registrar,
The 200	West Bengal Nursing Council.

## DECLARATION

declare as follows :	***************************************
That I lost my original cert	ificate of registration as registered Nurse / Midwife / Health
시작용이 그렇게 되었다. 그런 이렇게 하지 않아 없는 이 이 이렇게 하지 않아 없어요? 이렇게 하다 없다.	te / Public Health Nurse / Assistant Nurse-cum-Midwife.
That after diligent search, I h	neve not been able to recover the lost certificate.
That I have made a d	lary with local police authorities, the diary number
	dated
That I am the same person v	who obtained the original certificate under No
***************************************	part of the West Bengal
Nursing Council.	
That I shall return the dup West Bengal Nursing Council if ge	licate certificate for which I have applied to the Register, at back the original later.
HOME ADDRESS :	
	Signature of the applicant
2	
WHERE EMPLOYED :	Signature of the countersignatory
	Cigatian a die cominio anni
l	(name of the countersignatory)
hereby certify that the above statemen	nt has been made and signed in my presence, and to the best
ot my knowledge and belief. The sign	( name of the applicant)
who obtained original registration cee	rificate under No
40 1 P.	
Date	Berger/**********************************
	Signature of the countersignatory
	Registration No.
	HOME ADDRESS :
	WEIGHT THE STATE .
	WHERE EMPLOYED :
	(Office Seel in case of Doctor signatory)
	FOR OFFICE USE
Recevied Rs	Vide R. Na J M.O. Na
Dated	
VALVA	CASHIER