

WEST BENGAL NURSING COUNCIL

REGISTRAR WEST BENGAL NURSING COUNCIL
"PURTA BHAVAN", 3RD FLOOR, ROOM NO.-302
BLOCK-DF, SECTOR-I, SALT LAKE, KOLKATA-700 091

Serial No. **1298**

Rs. 30/-

PRESCRIBED FORM FOR COMPLETION OF INTERNSHIP

- Name of the Candidate (In Block Letter) :
- Student Registration No. :
- Address :
 - Present (With Pin code) :
 - Permanent (With Pin Code) :

I hereby apply to be admitted to Registered of GENERAL NURSING-MIDWIFERY WITH INTERNSHIP (3 1/2 Yrs) under Indian Nursing Council Syllabus.

- Father's Name in full :
- (a) Caste or Religion : (b) Nationality:
- Name of the Training School :
- Information of Final Year Council Examination in seriatim -

Sr. No.	Roll No.	Examination/s	Month & Year of Exam. (Batch as per Council Mark-sheet)
1			
2			
3			
4			

Enclosure: Xerox copy of Final GNM Mark-sheet (attested by the Head of the Institution)

DECLARATION

I was trained at the..... for half-years Internship Period and Passed the Internship Examination in General Nursing-Midwifery(1/2 Years.) Examination held..... 20

I hereby undertake that if I am admitted to the Register. I will in the Practice of my Profession as Nurse-Midwife, observe and bound by the rules & regulation issued by the Council so far as they affect me and that if the Council shall at any time after due enquiry order my name to be removed from the Register. I will return to registrar of my past Certificate. I pay herewith the Prescribed Mark-sheet Fee of Rs. 100/- (Rupees One Hundred) only submitted by Ng. Supdt. / PNO / Senior Sister Tutor/Vice-Principal/Principal or any school authority of the NTC with mentioning the name of the candidate positively

Date:

Counter Signature (with office seal)
Principal/Vice-Principal/Sr. Sister Tutor
Superintendent /Ng. Subdt./PNO/
Principal/Vice-Principal/Sr. Sister Tutor

Signature of the applicant in full
Student Regn. No.....

NB: Strike out which is not applicable.

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MARK SHEET FOR INTERNSHIP (6 months)

1298 Council use only

(Council use only)

BATCH



Internship Period Completed On

INTERNSHIP PERIOD FOR Final General Nursing-Midwifery (3 1/2 Yrs.) Examination
(BELOW this part should be filled up properly & carefully)

Name.....
Roll No..... Student Regn. No.NST
Name of Training School.....

(BELOW this part filled up by the Council)

W R I T T E N				PRACTICAL
Education Methods & Media For Teaching in Practice of Ng and Research in Nursing (PAPER I)		Professional Trends and Adjustment, Administration and Ward Management & Health Economics (PAPER II)		
School Examination	Assessments for Six Months	School Examination	Assessment for Six Months	
50		50		100

Kolkata

The.....20
SC-5000/14

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