



# WEST BENGAL NURSING COUNCIL

## APPLICATION FOR REGISTRATION UNDER SECTION-19 OF THE BENGAL NURSES' ACT-1934 RECIPROCAL REGISTRATION

I.....( Name in BLOCK LETTERS)  
hereby apply to be admitted to the Register of NURSE / MIDWIFE / AUXILIARY NURSE-MIDWIFE/  
HEALTH VISITOR/ PUBLIC HEALTH NURSE under Section 19 of the Bengal Nurses' Act, 1934.  
The following particulars regarding myself and qualification are given below ;

- 1 NAME ( in Block Letters ) : .....
2. DATE & PLACE OF BIRTH : .....
3. NATIONALITY : .....
4. FATHER'S NAME : .....
5. ADDRESS—(a) PERMANENT : .....
- (b) PRESENT : .....
6. TRAINED AT : .....
- (Name of the Training School) : .....
7. PERIOD OF TRAINING WITH DATES : .....
8. DIPLOMA / DEGREE OBTAINED FROM : .....
9. WAS REGISTERED WITH.....  
( Name of the Council )  
.....COUNCIL UNDER NUMBER.....
- DATED..... AND THIS REGISTRATION STILL SUBSISTS.
10. WHETHER SINGLE/ MARRIED/ WIDOW/ SEPERATED : .....
11. WHERE EMPLOYED (specify) : .....

The Original Diploma is enclosed with a copy thereof. I hereby undertake that if I am admitted to the Register, I will in the practice of my profession as a NURSE / MIDWIFE / AUXILIARY NURSE-MIDWIFE / HEALTH VISITOR / PUBLIC HEALTH NURSE. I observe and be bound by rules and regulations issued by the Council so far as they affect me, and that the Council shall, at any time after due enquiry order, remove my name from the Register and I will return to the Registrar my Certificate of Registration which may be given to me.

The Prescribed Fee of Rupees.....is paid herewith.

KOLKATA,

The.....20

NRH - 3000 C JAN. 2016

.....  
SIGNATURE OF THE APPLICANT IN FULL  
WITH MOBILE NO.

# WEST BENGAL NURSING COUNCIL

PURTA BHAVAN, 3RD FLOOR, ROOM NO. - 302, BLOCK - DF,  
SECTOR - 1, SALT LAKE CITY, KOLKATA-700 091

## INSTRUCTION FOR SUBMISSION OF RECIPROCAL REGISTRATION FORM

The following particulars are to be submitted to this Council with the Form for Reciprocal Registration.

1. The Attested xerox copy of Degree / Diploma Certificate of the Nursing / Midwifery / G. N. M. / A. N. M. / P. H. N. / B.Sc. (Nursing).
2. Attested Xerox copies of the Nursing / Midwifery / G. N. M. / A. N. M. / P. H. N. Registration Certificate.
3. Attested xerox copies of All Mark Sheets including H. S. / (10+2) equivalent.
4. The Original and one Xerox copy of the age proof Certificate & Fathers Name proof.
5. Two Copies of passport size Colour photographs with white background for each Registration separately attested by the Gazetted Officer ( one on the front side and one on the back side ) with mentioning the name of the candidate. positively.
6. The prescribed fee of Rs. 2000/- for each registration to be submitted by cash or by Money Order or by Bank Draft in favour of the West Bengal Nursing Council. Payable at Kolkata.
7. Candidate may collect personally the Registration Certificates issued by the West Bengal Nursing Council.
8. As per Indian Nursing Council instruction vide letter No. F. No. 22-31 /2005-INC dated 31-5-2007 his / her original Registration Certificate will be deleted from her parent Council after getting no objection certificate.
9. At the time of collection Registration Certificate (Issued by West Bengal Nursing Council) her / his Original parent Council Certificate will be cancelled from West Bengal Nursing Council.

The application & fees will be acceptable with all the above mentioned documents within 10.30 A.M. to 3.30 P.M.

The candidate is to be informed by a collection letter after completion of the Registration in case of personal collection.

REGISTRAR