



# Office of the West Bengal Nursing Council

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No. 203 / 514 / NC

Date: 13/08 2019.

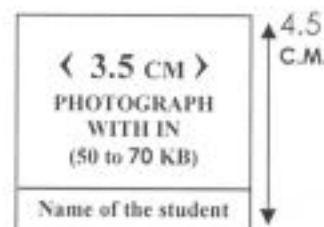
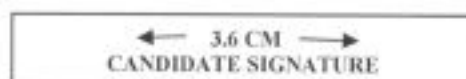
From: Registrar, West Bengal Nursing Council.

## NOTICE

### GUIDELINES FOR ONLINE STUDENT REGISTRATION ENROLLMENT FOR BPCCHN (06 MONTHS) COURSE JULY - 2019 (BATCH)

- **START DATE** for fill-up of Online Registration: 02.09.2019
  - **LAST DATE** for Submission of Registration related documents to WBNC with in 16.09.2019.
- 1] Enrollment should be made after completion of admission process. Once enrollment of candidates is done by the institute, changes/ alteration/ deletion etc cannot be done.
  - 2] **TOTAL PROCEDURE WILL BE DONE** including submission of Student Registration Hard Copies on or before 16.09.2019.
  - 3] **Form to be filled-up according to 10th Certificate. Do not use Sri/Smt./Ku etc.**
  - 4] The stipulated time for the enrollment of students is on or before **6TH SEPTEMBER 2019** only; **there will be no extension of date for the enrollment for whatever reason may be.**
  - 5] Enrollment of Student Registration if not done in the specific timebound the Institutional incharge will be responsible for that inconveniences.
  - 6] **List of documents for submission to WBNC -----**
    - (a) **Download Printable 2(Two) Copies of Online Enrollment documents.** Signature to be done by the students and **Attestion** to be done by the Programme In Charge of the Study Centre. (b) Self attested admit card of the School Final / Madhyamik & GNM / B.Sc. Ng. Certificate should be attached with the documents.
  - 7] Scan coloured passport size Photographs with uniform & Signature in the JPEG Format (**within 50 to 70 KB**) of all newly admitted students for uploading student registration form fill up online.

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- 8] The Programme In Charge of the Study Centre will be solely responsible for all the information entered regarding the students registration.
- 9] **FOR ANY QUERIES, PLEASE CONTACT -**

**REGISTRAR, WEST BENGAL NURSING COUNCIL PHONE NO. 033 23212059 / OR THROUGH email OF THIS OFFICE.**

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*[Signature]*  
REGISTRAR  
WEST BENGAL NURSING COUNCIL