

Office of the West Bengal Nursing Council "Purta Bhawan", Room No. 302, 3rd floor, D.F. Block, Sector- I, salt Lake, Kolkata- 700 091



Email: wbnc_22302059@ymail.com
Website: www.wbnc.in

No / NC	Date:	2020
From: Registrar, West Bengal Nursing Council		

NOTICE

SUBJECT: RENEWAL / VALIDITY FOR THE ACADEMIC YEAR 2020-2021

Sir / Madam,

All the recognized institutions under West Bengal Nursing Council i.e. ANM/GNM/B.Sc. (Ng.) / Post Basic Diploma / M.Sc. (Ng.) are hereby requested to fill up renewal validity proforma provided by West Bengal Nursing Council for the academic year 2020-2021 positively by 30th June, 2020. The filled up proforma along with requisite documents have to be sent via email to the West Bengal Nursing Council to avoid gathering in the office at this current COVID-19 Pandemic situation. After overcome this current COVID-19 pandemic situation, the two hard copies of proforma along with requisite documents have to be submitted physically to the office of the West Bengal Nursing Council at the time of receiving the hard copy of renewal / validity letter from the office of the West Bengal Nursing Council.

Your co-operation is highly solicited.

Sd/Smt. Keya Samanta
Registrar
West Bengal Nursing Council



WEST BENGAL NURSING COUNCIL

"Purta Bhawan", Room No. 302, 3rd floor, D.F. Block, Sector − I, Salt Lake City, Kolkata − 700 091.

Striving to achieve uniform standards of Nursing Education

APPLICATION FOR THE RENEWAL/VALIDITY 2020-2021 (One form for all the Nursing Programme of the Institute)

Last Date : 30/06/2020

TO BE FILLED IN CAPITAL LETTERS

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				time of admission	University form where last qualifying	dates
		GNM / B.Sc. (N)			exam passed	From To
Note :- i)	knowledge of	by the principal, Co				
ii) . (b). I	(N) programm	by student also statine offered by M.Sc. (N) following			I	
SI. No.	Name of Student	R.N & R.M. Number	Residential Address	Place & Address of Work at the time of admission	Board/ University form where last qualifying	Duration Couse wi
		GNM / B.Sc. (N)			exam passed	From To
Note :- i) ii)	A declaration knowledge of A declaration	by the principal, Co the students details. by student also stati gramme offered by	ng that they ar	e undergoing regul		ears
	Online registratio For 2019-2020 ac	n of all the said deta ademic year.	ils on the web	site : Yes		No
, 8 (a)). If Yes, whether	the same is submitted	ed to WBNC	: Yes	5	No
9.	Physical Facilities	s for all the nursing [programme	: Anı	nexure No	
9 (a)	(Building Com	stitution has its own pletion Certificate b py of Title Deed to l	y competent s	: Yes	5	No
9 (b). Built-up area (i	n sq.ft) of Teaching	Block	:		
9 (c). Built-up area (i	n sq.ft) of Hostel B	lock	:	-1	
0 (4).				*	
9 (d	. No. Nurs		which the clas	s is used	Size of the cla	ee roome

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9 (e). Laboratory Facilities for all the Nursing Programmes:

SI. No.	Name of the Laboratory	Size of the Laboratory (in sq.ft.)	Number of Equipment's and Articles	Number of Dummies and Dolls

* Annexure _____ Blue print of the institution under instruction sl. No. 9

10. Teaching Faculty for all the Nursing Programmes:

SI. No	Name of the	Designati on	Qualificat ion along	Name of the Instt. /	Year of passing	R.N.		ching crience		Date of	Aadha ar No/
•	teaching faculty		with specialty	University.		R.M No.	Diploma	UG	PG	Joini ng	NUID No
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- * Incomplete information will be rejected
- * Annexure to be enclosed in the given format
 - 11. Clinical Facilities for all the Nursing Programmes:

Name of the Parent Hospital along with address	Number of beds	Bed occupancy
Name of the affiliated Hospital along with address	Number of beds	Bed occupancy
1. 2.		

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13. Red	ceipt of the Hosp	oard Certificates on oital / Nursing homents for 2019-2020 ac	ne for clinic	cal	: A	nnexure No
	mission letter of	hospitals for clini	cal experie	ence	: A	nnexure No.
Clin	ical Areas	Pa	ırent		A	Affiliated
		No. of Beds	Bed Occ	cupancy	No. of Beds	Bed Occupancy
Medical						
Surgical	& Orthopedic					
Pediatrics	S					
Gyne. &	Obst.					
Psychiatr	ic					
Eye, ENT	Γ					
ITU / ICO	CU / ICU					
Nephrolo	ogy	2				
Emergen	cy / Causality					
ICU Onc	ology					
16. Li	brary Facilities	for all the Nursin	ng progran	nmes:		
Sl. No.	Number of N	Nursing Books &	Titles		er of Nursing J	ournals Subscribed International
				178	LIOTISE	
17. Ar	nti-Ragging Mo	nitoring Commit bers Name	tee, If yes	Members &	& their Mobile I	
No.	, , , , , , , , , , , , , , , , , , ,					
		Website: www.wb	one in F-mail	- whng 223020	059@ymail.com	

No.	Members Name	Mobile No
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	DECLARAT	TION BY THE APPLICANT
		S/O, D/O or W/O declare that all plication form are true to the best of my knowledge. I
		wrong, my application will stand cancelled. I shall abide
		ing Council and as amended from time to time.
	Name of the A	nulicont .
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	Cionatura of th	4 94
	Signature of th	e Applicant:
	Date Date	:
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	Date	ž
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 $\begin{tabular}{ll} Website: $\underline{www.wbnc.in}$ E-mail-\underline{wbnc} & 22302059@ymail.com \\ Phone: 033-23212059 \end{tabular}$