



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

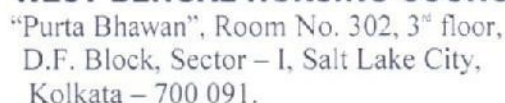
SUBJECT: RENEWAL / VALIDITY FOR THE ACADEMIC YEAR
2020-2021

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



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

(Read instructions carefully before filling the Form)

- Website : www.wbnc.in E-mail – wbnc_22302059@ymail.com
Phone : 033 - 23212059

7. (a). If the institute has P.B.B.Sc. (N) following details of the admitted students to be enclosed

Sl. 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 exam passed	Duration of Course with dates	
		GNM / B.Sc. (N)				From	To

Note :-

- A declaration by the principal, College of Nursing stating that the information is true to their knowledge of the student's details.
- A declaration by student also stating that they are undergoing regular course of 2 years P.B.Sc. (N) programme offered by Institute.

7. (b). If the institute has M.Sc. (N) following details of the admitted students to be enclosed

Sl. 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 exam passed	Duration of Course with dates	
		GNM / B.Sc. (N)				From	To

Note :-

- A declaration by the principal, College of Nursing stating that the information is true to their knowledge of the students details.
- A declaration by student also stating that they are undergoing regular course of 2 years M.Sc. (N) programme offered by _____ institute.

8. Online registration of all the said details on the website : Yes ☐ No ☐
For 2019-2020 academic year.

8 (a). If Yes, whether the same is submitted to WBNC : Yes ☐ No ☐

9. Physical Facilities for all the nursing programme : Annexure No. _____

9 (a). Whether the institution has its own building : Yes ☐ No ☐
(Building Completion Certificate by **competent** state Authority / copy of **Title Deed** to be attached)

9 (b). Built-up area (in sq.ft) of Teaching Block : _____

9 (c). Built-up area (in sq.ft) of Hostel Block : _____

9 (d).

Sl. No.	Nursing programme for which the class is used	Size of the class rooms

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

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

Sl. 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:

Sl. No	Name of the teaching faculty	Designation	Qualification along with specialty	Name of the Instt. / University.	Year of passing	R.N. & R.M. No. *	Teaching Experience			Date of Joining	Aadhaar No/ NUID No
							Diploma	UG	PG		

* *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.		

12. Pollution Control Board Certificates of each hospital : Annexure No. _____
13. Receipt of the Hospital / Nursing home for clinical Experience of students for 2019-2020 academic year : Annexure No. _____
14. Permission letter of hospitals for clinical experience : Annexure No. _____
15. Distribution of beds:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgical & Orthopedic				
Pediatrics				
Gyne. & Obst.				
Psychiatric				
Eye, ENT				
ITU / ICCU / ICU				
Nephrology				
Emergency / Casualty				
ICU Oncology				

16. Library Facilities for all the Nursing programmes:

Sl. No.	Number of Nursing Books & Titles	Number of Nursing Journals Subscribed	
		National	International

17. Anti-Ragging Monitoring Committee, If yes Members & their Mobile Numbers:

Sl No.	Members Name	Mobile No

18. Anti-Ragging Squad, If yes Members & their Mobile Numbers:

Sl No.	Members Name	Mobile No

19. Name of the Faculty has undergone Continuing Nursing Education:

Sl. No.	Name of the Faculty	CNE DETAILS
1.		
2.		
3.		
4.		
5.		

DECLARATION BY THE APPLICANT

I S/O, D/O or W/O declare that all the documents & information submitted in this application form are true to the best of my knowledge. I understand that if any of the information is found wrong, my application will stand cancelled. I shall abide by the rules & regulations in force in Indian Nursing Council and as amended from time to time.

Name of the Applicant : _____

Signature of the Applicant: _____

Date : _____

Place : _____

Seal of the Institution : _____

Certificate from State Nursing and Registration Council

I hereby certify that the details given in various columns of this format are true and correct in best of my knowledge.

Signature of the Registrar : _____

Name of the Registrar : _____

Date: _____

State Nursing Council : _____

Seal of the Council : _____