



# Office of the West Bengal Nursing Council

"Purta Bhawan", Room No. 302, 3<sup>rd</sup> floor,  
D.F. Block, Sector – I, Salt Lake City,  
Kolkata – 700 091. ☎ (033) 2321 2059.  
Email: [wbnc\\_22302059@ymail.com](mailto:wbnc_22302059@ymail.com)  
Website: [www.wbnc.in](http://www.wbnc.in)



No. **2677/3157** / NC

Date: **07/01/2026**

From: Registrar, West Bengal Nursing Council

## NOTICE

The authorities of all the Nursing Training Schools conducting **AUXILIARY NURSING MIDWIFERY (18 MONTHS COURSE UNDER N.R.H.M.)** course are hereby being instructed to follow the below enlisted information to fill up the examination form for the **First Year Auxiliary Nursing Midwifery(Revised) (under N.R.H.M.) Examination** to be held in **JANUARY – 2026**.

**URL – [wbnc.wb.gov.in](http://wbnc.wb.gov.in)**

**USER ID – The existing user id for the individual school**

**Password: 1234# (This password may be changed by the school authority at the time of form fill up)**

A tentative examination schedule for the examination is hereby mentioned below.

Sl. No.	Details of Activity	Date
1.	Starting of Online Examination Form Fill Up	08-01-2026
2.	Ending of Online Examination Form Fill Up	10-01-2026
3.	Physical Submission of Examination Form at WBNC	13-01-2026 TO 14-01-2026
4.	Downloading of Admit Card by the Institute	14-01-2026
5.	Starting of Uploading I.A. marks in the portal by the Institute	13-01-2026
6.	Ending of Uploading I.A. marks in the portal by the Institute	14-01-2026
7.	Physical submission of I.A. marks & Teacher information sheet (System Generated) at WBNC	14-01-2026 TO 16-01-2026
8.	Date of Examination for Theory (Tentative)	27-01-2026 TO 29-01-2026
9.	Date of Examination for Practical (Tentative)	30-01-2026 TO 31-01-2026
10.	Date of Publication of Result (Tentative)	10-02-2026

**\*\* Please follow official website of [wbnc.in](http://wbnc.in) & official whatsapp group of 'WBNC' for any update regarding the Schedule.**

### Fees for examination form

Examination fees for each candidate is Rs. 420/- & Marksheet fees for each candidate is Rs. 130/- ( for each candidate Rs. 550/-). **Total fees will be submitted bulkly through online SBI collect .**

### List of documents for physical submission of examination form

- Forwarding letter from the Institution in Institution letterhead.
- Student Registration Copy (Self-attested).
- Student Marksheet (Self –Attested) [ For Re-sit candidates]







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No. 2677/31SA / NC

Date: 07.01.2026

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- d. Student examination log sheet from the portal.
  - e. SBI collect receipt copy.
  - f. Faculty list for concerned course (First entry the particulars in the portal, then Print)
- N.B. : For online examination form fill up, please follow the instruction which is attached with the notice.**

*Seemab*  
*07/01/2026*

REGISTRAR

WEST BENGAL NURSING COUNCIL

### **STEPS FOR ONLINE EXAMINATION FORM FILL-UP FOR THE** **First Year Auxiliary Nursing Midwifery(Revised(under N.R.H.M.)Examination , JANUARY – 2026.**

- STEP – 1 :** <http://wbnc.wb.gov.in> press enter
- STEP – 2 :** LOG IN (EXISTING USER LOG IN ID AND PASSWORD)
- STEP – 3 :** STUDENT EXAMINATION ↓  
EXAMINATION FORM FILL UP ↓

Step – 2: Click on “ + ” button.



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No. 2677 /BISA / NC

From: Registrar, West Bengal Nursing Council

Date: 07/01/2026

West Bengal Nursing Council

EXAMINATION FORM FILL UP

Course: ANM(R) (18 Months & 6 Months Internship) - C000000002

Examination: FIRST YEAR AUXILIARY NURSING MIDWIFERY (REVISED) REGULAR 02 YEARS COURSE EXAMINATION-SEPTEMBER 2024 - EX0000000000000000166

Search

Name	Application Form No	Status	Action
KULSUM BANU	EFF97134	Yes	
RUBINA BEGUM	EFF97132	Yes	
RATNA BISWAS	EFF97112	Yes	
PRERONA DAS	EFF97110	Yes	

Step – 3: Click on individual students and submit the form.

West Bengal Nursing Council

GetFormFillUpById/1033/0

School Name\*  
---Please Select---

Student Name\*  
---Please Select---

Father's Name

Nationality

Religion

Language

Caste

Date of Birth

Admission Date\*

Exam Year\*  
---Please Select---

Batch No

Appearing No\*  
---Please Select---

Previously Appeared\*  
---Please Select---

Training Duration(In Months)

Training From Date  
mm/dd/yyyy

Training To Date  
mm/dd/yyyy

Annual Leave (Maximum 28 days)\*

Extra Leave Taken\*  
---Please Select---

Paid Amount







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No. **2677/315A** / NC

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Date: **07/01/2026**

**Step – 4 : After finishing all the students' examination form fill up, click on "View" after that click on "Exam form fill up Summary" select "exam name" and click on "Show ". After showing the date click on "Print".**

