No. 5093 /200/NC

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WEST BENGAL NURSING COUNCIL
PURTA BHAVAN, 3RD FLOOR, ROOM NO. – 302, BLOCK-DF,
SECTOR – I, SALT LAKE, KOLKATA – 700091

PUBLIC NOTICE

DATED: 13 / 02 /2019

TO : ALL THE PNO / SR. SISTER TUTOR IN-CHARGE / PRINCIPAL / VICE-PRINCIPAL / SECRETARY

SUB: *NOTICE FOR SUBMITTING NEW PROPOSAL PROFORMA FOR OPENING NEW SON/CON & ENHANCEMENT OF SEATS FOR THE SESSION 2019-2020.*

*The undersigned is hereby inform that the authorities of all New Institutions/ Existing Institutions who received NOC from the Department of Health & Family Welfare, Govt. of West Bengal & NOC from West Bengal University of Health Sciences for opening new College of Nursing will submit the **New Proposal Proforma** for opening new School of Nursing / College of Nursing or Enhancement of seats for the session **2019 - 2020** within **31st March 2019 positively** in the office of the West Bengal Nursing Council attached with WBNC proforma (below listed), as per permission by President, Indian Nursing Council and the members of Education & Examination Committee of West Bengal Nursing Council dated. 1st February 2019.*

This is for your information & necessary action.

Manashi Lahe.
Registrar
West Bengal Nursing Council

WEST BENGAL NURSING COUNCIL * KOLKATA

OFFICE OF THE WEST BENGAL NURSING COUNCIL
"Purta Bhawan", Room No. 302, 3rd floor,
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सत्यमेव जयते

PROFORMA
FOR
OPENING NEW NURSING PROGRAMME / ENHANCEMENT OF SEATS
(Separate Application Form for each Nursing Programme)

1. Name & Address of the Trust/Society _____

2. Name & Address of Chairperson/Secretary _____

3. **Name of the Institution:**

A	Full Address of the Institution with Pin Code	
B	Telephone No. with STD Code	
	Mobile Number/s	
C	Fax No. with STD Code	
D	Email ID of the Institution	
E	Website of the Institution	
F	Name of Principal	

SECTION – I

A. Information about Society / Trust and the Institute

1. Name & Address of the Trust/Society with Pin Code _____

_____

_____

_____

Telephone No. Code_____ Number_____

Mobile_____

Fax No. _____

E – Mail ID _____

2. Registration No. & Date of the Society/Trust: (with Charity Commissioner) _____

(Attach copy of Registration Certificate) _____

3. Name of the present Chairperson and Secretary of the society / Trust along with tenure

Chairperson:_____ Address:_____

_____

Mobile No._____ Tenure from _____to _____

Secretary: _____ Address: _____

_____

Mobile No._____ Tenure from _____to _____

Enclose Memorandum of trust / trust deed (Aims, Objectives, Names of the Trustee etc.)

4. Financial position of the Society / Trust

(i) Fixed Deposit of the Society / Trust: Rs._____
(Attach Copy)

(ii) Overall investment proposed to be invested for the Nursing Institute (Excluding building investment) Rs._____ (Phase Manner)

(iii) Funds made available for the proposed course Rs._____
(Attach Resolution Copy)

(iv) Last 03 years Audit Report (Attach Copies)

5. Name and Address of the proposed new or existing Institute:

Name: _____

_____

Address: _____

_____

_____

Pin Code: _____

Phone No. with STD Code: _____

Fax No. _____

E – Mail address _____

Resolution of trust to start new Course / Increase Intake / Closed Down
(Attach copy)

6. Whether the above institute is conducting any other Nursing course Yes / No._____

If yes, give details in the following table:-

Sr. No.	Name of the Institution & Address	Name of the course with intake capacity	Permitted by INC with date	Permitted by University with date	Permitted by WBNC with date

(Attach copies of all above permission letters)

7. Whether the above trust / institution is conducting any courses other than Nursing course in the same building Yes / No._____

If yes, give details with intake capacity

SECTION – II

Information about the proposal for the academic year 20_____ - 20_____

Proposal is submitted for (Tick ✓ Mark whichever is applicable)

(i) New Institution ☐

OR

(ii) Increase Intake ☐

OR

(ii) Closure of Institute ☐

1. (i) Proposal for Recognition of New Institute / New Course:

Sr. No.	Course Title (In full form)	Name of Affiliating Body(University)	Level of the course Diploma, specialty Nursing Diploma Certificate Degree, PG	Entry Level Qualification	Duration of the Course	Intake Capacity

Present course is permitted by:-

1) Indian Nursing Council, New Delhi: (Attach copy) — Yes / No / In – Process

2) West Bengal University of Health Sciences, Kolkata (Attach copy) — Yes / No / In – Process / Not Applicable

3) Any other University (State name & Address) (Attach copy) — Yes / No / In – Process / Not Applicable

(ii) Proposal for approval of seats intake of Existing Course/s Number for increase intake

Sr.No.	Title of Existing Course/s	Name of Affiliating Body	Present Approved Intake of the Course	Increase Number Requested

Present course is permitted by:-

1] Indian Nursing Council, New Delhi (Attach Copy): YES / NO

2] West Bengal Nursing Council, Kolkata YES / NO

3] West Bengal University of Health Sciences, Kolkata (Attach Copy) YES / NO / Not Applicable

4] Any other University (state Name & Address) (Attach Copy) YES / NO / Not Applicable

2. Give justification of the Proposal in terms of Need, Aim, Objectives & potential advantage for geographical location etc. (Attach information)

_____

_____

3. Give Reason for Closure of Institute: with resolution letter of Trust:

_____

_____

_____

4. Whether NOC is obtained from concerned authority to close Institute/ Course: YES / NO

If Yes, Name of the Authority: _____

Letter No and Date : _____

SECTION – III
Infrastructural facilities available for consideration of the proposal

1. Land (for exclusive use of the proposed / existing institution)

(i) Location: (State Capital / Metropolitan City / District Head Quarter / Rural Area)
(Tick ✓ Mark whichever is applicable)

(ii) Land: Whether owned by the applicant society / Trust YES / NO

Land allotted _____ acres.

2. Building (For exclusive use of the proposed / existing institution) Owned / Rented

a) If owned

Whether Building is existing	Yes / No / Under Construction
Name of the Programme	
Area exclusively reserved for the programme	

(Attach architecture plan / blue print etc.)

b) If rented

Building Area	
Lease Period in years (minimum 5 yrs.)	
Registered Lease document	
Registration number & date	
NOC from concerned authority to run the proposed courses in premises	

c) Attach copy of building plan which is rented

3. Clinical Facilities:

(a) (i) Name & Address of Hospital: _____

_____

_____

Telephone No. Code_____ Number_____

Mobile_____

(i) Parent / Affiliated: _____

(ii) If affiliated attach MOU from concerned authority: _____

(iii) Number of sanctioned beds: _____

(iv) Annual bed occupancy: _____

(v) Number of Maternity beds: _____

(vi) Number of delivery per year: _____

(vii) Number of Pediatric beds: _____

(viii) Number of other Nursing schools affiliated to same clinical area: _____

(ix) Distance from School / College: _____

(x) If affiliated, attach MOU from concerned authority: _____

b) **Name of Urban Health Centre**

i) Distance from College / School: _____

ii) Population covered : _____

iii) Attach MOU from concerned authority: _____

c) **Name of Rural Health Centre**

i) Distance from College / School: _____

ii) Population covered: _____

iii) Attach MOU from concerned authority: _____

d) Availability of transport facilities _____

4. Staff:

(i) Staff available in existing institute

No. of Teaching Staff required as per norms & teaching staff available at present (Give information in separate sheets showing faculty wise i.e. Principal, Tutor, Professor, Asstt. Professor,Reader, Lecturer etc. Also mention therein whether appointment is regular, Adhoc, visiting).

Name of Teacher	Qualification	Date of Birth	Teaching Experience			Date of Appointment & Nature
			ANM/GNM	UG	PG	

(ii) **List of Non – Teaching staff**

5. Students Amenities: Exclusive for the proposed course

(i) Whether drinking water arrangements are available: YES / NO

(ii) No. of water coolers: YES / NO

(iii) Whether common room facility is available: YES / NO

(iv) Mess facility: YES / NO

(v) Any other: YES / NO

Name & Signature of the Chairperson of the Society / Trust

Name & Signature of the Secretary of the Society / Trust

DECLARATION

to be given by Chairperson / Secretary of Trust

I declare that our trust / society: _____

is submitting the proposal to the West Bengal Nursing Council, Kolkata for the course_____ at_____ .

I declare that no information has been concealed, false or mispresented. If any information is found incorrect or if proposal is incomplete, the proposal shall be liable to be rejected by the West Bengal Nursing Council, Kolkata.

Name and Signature of the Chairperson / Secretary of the Society / Trust

ACKNOWLEDGEMENT

Receipt Date of Proposal: _____

Name of the Nursing Course / Programme applied: _____

Name & Address of the Institution with state: _____

_____

_____

_____

Whether following documents are attached:-

1. Government Order: a) YES ☐ b) NO ☐ c) NOT APPLICABLE ☐

2. Trust Deed / Registration Certificate of the Society: a) YES ☐ b) NO ☐

3. Certificate of Pollution Control Board: a) YES ☐ b) NO ☐

4. Own Building Blue Print attested by a Civil Engineer / State Authority: a) YES ☐ b) NO ☐

5. Last Year's audited expenditure: a) YES ☐ b) NO ☐

6. Certificate from the hospital with respect to Nursing institutions already permitted for clinical experience along with number of students: a) YES ☐ b) NO ☐ _____

Note: Incomplete Proposal will not be considered i.e. if any of the mentioned documents is not submitted along with the proposal.

..... For Office Use Only.....

Remarks _____

_____

ACCEPTED **REJECTED**

PROPOSAL WILL BE REJECTED DUE TO
Incomplete documents & balance amount of Fees, if not received on or before ..... along with penalty fees.

APPENDIX – A

(Not to be attached to the proposal while submitting the proposal)

Instruction for submission of proposals:

1. Copy of the prescribed form would be available in West Bengal Nursing Council. The Payment of Rs...../- as a scrutiny fees should be paid through a Demand Draft of State Bank of India drawn in favour of Registrar, West Bengal Nursing Council payable at Kolkata.

2. The proposal should be submitted in the prescribed Application Form in original with 01(one) additional Xerox copy addressed to the concerned authority acknowledging the receipt of the same.

3. Application form and its enclosures preferably are submitted in bound form along with index and page numbers.

4. In the event, the information & statements given by the applicant in the prescribed form are found incorrect / incomplete; the applicant is liable to be rejected. Any future correspondence / information on such proposals shall not be entertained.

5. Proposal will be considered as per the Technical manpower demands of the State Government and employment potential.

6. The proposals will be accepted in the office of the Council from ..... between ..... to..... only for the Academic Year .....

7. The fresh proposals to be submitted by the management for each academic year, if last academic year's proposal is declined by any of the competent authority i.e. State Govt./ WBNC / INC.

8. Payment of Fees to be made within ***15.30 PM*** strictly. No request will be entertained under any circumstance.