



Office of the West Bengal Nursing Council
"Purta Bhawan", Room No: 302, 3rd Floor
D.F. Block, Sector-I, Salt Lake City,
Kolkata-700091 ☎ (033) 2321 2059
Email id: wbnc_22302059@ymail.com
Website: www.wbnc.in



No. 7271 / 488 / NC

Date: 01/02/2024

NOTIFICATION

Sub: Renewal of Validity of Nursing Educational Institutions for the Academic Year 2024-2025

The office of the West Bengal Nursing Council invites offline application for **Renewal of Validity of Nursing Educational Institutions for the Academic Year 2024-2025**. The applications can be submitted **w.e.f 01st March, 2024 onwards**. The last date of submission of Renewal of Validity is **30th March, 2024**.

It is also being informed that the soft copy of the letter will be sent via email. No Hard Copy/ Duplicate Copy correspondence by hand/courier of any sort will be entertained on this subject under any circumstances.

Further during submission of the Renewal of Validity documents, complete **Compliance Report along with the documents and rectifications of the deficiencies pointed for the Academic Year 2023-2024 has to be submitted along with the Renewal of Validity documents**. The **requisite fees of Rs. 4000/-** for each course have to be submitted only via **SBI Collect** or by **Demand Draft**. The **Demand Draft should be in favour of "West Bengal Nursing Council", Payable at Kolkata**. The process for making payment via SBI Collect and other documents are furnished below.

Steps for making online Payment via SBI Collect:

Step-1: Visit onlinesbi.sbi

Step-2: Click on "SB Collect"

Step-3: Click on "Educational Institution" Then click on "West Bengal Nursing Council"

Step-4: Select Payment Category "INSPECTION FEES" & complete Payment Process.

List of Documents for Renewal of Validity

- A downloaded copy of WBNC Application Form for Renewal validity.
- **A copy of INC Renewal / Validity 2023-2024.**
- **A copy of WBNC permission letter 2023-2024.**
- **A copy of WBNC Inspection Fees 2024-2025.**
- List of teaching faculty mention with i) Name of Nurse-Teachers with Qualification, ii) Registration Number, iii) Date of Joining as Teacher/ Service, iv) Previous posting as Nurse/ Teacher, v) Name of New Place of Posting as Nurse-Teacher if any, vi) Subject Taken and viii) remarks (if any) positively along with E-mail Id of NTC mandatory and must follow the norms of Clinical Experience of 02 (Two) years' for newly appointed teacher/ s.
- A copy of pollution control Board certificate issued to parent/ affiliated hospital.
- A copy of compliance Report of WBNC submitted to this council. It is compulsory that Compliance Report submitted within 06(six) months from the date of last inspection / or opening the new Nursing Schools/ Colleges.
- List of Library Books.



Srabani Mandal
01/02/2024
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 2024-2025

(One form for all the Nursing Programme of the Institute)

Last Date : 29/02/2024

TO BE FILLED IN CAPITAL LETTERS

(Read instructions carefully before filling the Form)

1. Name of the Chairperson/ Secretary of trust

[illegible]

2. Name of the Principal

[illegible]

- ### 3. Name of the Institution

[illegible]

- #### 4. Address of the Institution

[illegible]

City / Town:

Tehsil / Taluk :

District :

State :

Pin Code :

Contact Number (O): _____ Fax: _____ (M): _____

E-mail:

5. Fee / Institution Code _____

6. Institution is under (Please
- \checkmark
- mark)

1	Government	2	University	3	Private	4	Trust/ Society	5	Army
6	Missionary	7	Company	8	N.G.O.	9	Voluntary		

7. Number of all the Nursing programme offered by institutions:

Sl. No.	Name of the Programme	School Code	File No.	Seats *	Number of students admitted				Total no. of students under training
					2020-21	2021-22	2022-23	2023-24	
1	A.N.M								
2	G.N.M								
3	B.SC. (N)								
4	M.SC. (N)								
5	P.B.Sc. (N)								
6	Other Short Term Courses								
7	Distance Education								

* *Seats Sanctioned by INC & WBNC:*

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 2024-2025 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**

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

Phone : 033 - 23212059



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*

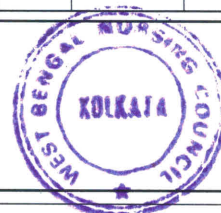
10. Teaching Faculty for all the Nursing Programmes:

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 2022-2023 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 / Causality				
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 : _____

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

Last Date : 29/02/2024

