

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

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

Last Date : 30/06/2019

TO BE FILLED IN CAPITAL LETTERS

Seats Sanctioned by INC & WBNC:

(Read instructions carefully before filling the Form)

1.	Name of the Cha.	irpersor	n/ Secretary of	of trust								
		2 727										
2.	Name of the Prin	cipal										
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3.	Name of the inst	itution										
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1	Address of the Ir	stitutio	n									
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	Fee / Institution					_						
1	Government		University		3 Priva	ta	4	Trust/ Soc	iety		5 Army	_
6			Company		8 N.G.0		9	Voluntary			5 Anny	+-
0	Missionary	1	Company		N.U.(J.	9	volulitary				
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0.	Programme	Code	No.	1561	2013-10	201	0-17	2017-10	201	0-17	under t	
	A.N.M											
	G.N.M											
	B.SC. (N) -											
	M.SC. (N)											
	P.B.Sc. (N)									1		
	Other Short											
	Term Courses											
	Distance -											
	Education							- 4				

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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 of Couse with dates	
		GNM / B.Sc. (N)			exam passed	From	Го
Note :- i)	A declaration knowledge of A declaration	by the principal, Co the student's details by student also stati	ng that they ar	e undergoing regula	ar course of 2 ye	ears P.B.S	
(b).		M.Sc. (N) followin				ilotitute.	
SI. No.	Name of Student	Number Address of Work at time of admis			Board/ University form where last qualifying	Duration o Couse with dates	
		GNM / B.Sc. (N)			exam passed	From	Го
Note :	A declaration	by the principal, Co		ng stating that the in	nformation is tru	ue to their	
	A declaration knowledge of A declaration		ng that they ar		ar course of 2 ye	ears	
i) ii)	A declaration knowledge of A declaration M.Sc. (N) pro	the students details. by student also stati gramme offered by n of all the said deta	ng that they ar	e undergoing regul	ar course of 2 ye	ears	
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i) ii) 8.	A declaration knowledge of A declaration M.Sc. (N) pro Online registration For 2018-2019 aca). If Yes, whether	the students details. by student also stati gramme offered by n of all the said deta ademic year.	ng that they ar	site : Yes	ar course of 2 ye	ears tute.	
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Phone: 033 - 23212059

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
			20								
							-				
								20			

- * 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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Exp	perience of stude	oital / Nursing homents for 2017-18 ac	cademic ye	аг		nnexure No.
	rmission letter of istribution of be	hospitals for clini	cal experie	nce	: An	inexure No.
Clin	ical Areas	Pa	irent		A	ffiliated
		No. of Beds	Bed Occ	eupancy	No. of Beds	Bed Occupancy
Medical						
Surgical	& Orthopedic					
Pediatrics	S					
Gyne. &	Obst.					
Psychiatr	ric					
Eye, ENT	Г					
ITU / ICO	CU / ICU					
Nephrolo	ogy					
Emergen	cy / Causality					
ICU Onc	ology					
16. Li	brary Facilities	for all the Nursin	ig progran	nmes:	190	
Sl. No.	Number of N	Sursing Books &	Titles		er of Nursing Jo	ournals Subscribed International
				110		
17. Ar	nti-Ragging Mo	nitoring Commit bers Name	tee, If yes	Members &	k their Mobile N	
No.	Mem	ovio mante			1.20021	
		Website : www.wt				

No.	Members Name	Mobile No
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10 N	file Front Lorent Con	district Name of Paradian
Sl.	me of the Faculty has undergone Cor Name of the Faculty	CNE DETAILS
No.		
1.		
2.		
4.		
5.		
	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 .
	Name of the A	pplicant :
	Cionatura of th	A Section 1
	Signature of th	e Applicant:
	Date Date	:
		÷
	Date	ž
	Date Place Seal of the Inst	:
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	Date Place Seal of the Inst Certificate from State N ertify that the details given in various co	:
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 $\begin{tabular}{ll} Website: $\underline{www.wbnc.in}$ E-mail-\underline{wbnc} & 22302059@ymail.com \\ Phone: 033-23212059 \end{tabular}$