



WEST BENGAL NURSING COUNCIL
OFFICE OF THE WEST BENGAL NURSING COUNCIL
"PURTA BHAVAN", 3RD FLOOR, ROOM NO. – 302,
SECTOR – I, SALT LAKE, KOLKATA – 700091 INDIA
Email ID : wbnc_22302059@ymail.com

NOTICE

SUB.: RENEWAL / VALIDITY FOR ACADEMIC YEAR 2019-2020

CIRCULAR NO: 337/488 Dated 24/04/2019

Sir/Madam,

All the recognized institution i.e. **ANM/GNM/B.Sc.(NG)/Post Basic Diploma /M.Sc.(NG)** who have not fill up **RENEWAL VALIDITY Proforma** for the **academic Year 2019-2020** is hereby requested to fill-up the Renewal Validity Proforma provided by West Bengal Nursing Council positively by **30TH MAY 2019** as per decision by the Education & Examination Committee Meeting dated 17th April, 2019. Two copies Proforma to be filled-up properly and submitted to West Bengal Nursing Council.

Besides the above, those who will apply for INC renewal validity for the academic Year 2019-2020 they may apply their Institutional existing user ID and password. If any problem arises for linking the same, please inform the Secretary, INC or see the Indian Nursing Council website.



Manashi Saha
Registrar
West Bengal Nursing Council

Skc/wbnc all notice/ 2019

भारतीय उपचर्या परिषद्

आठवाँ तल, एनबीसीसी सेन्टर, प्लॉट नं. 2, कम्युनिटी
सेन्टर, ओखला फेज - 1, नई दिल्ली - 110020



INDIAN NURSING COUNCIL

8th Floor, NBCC Centre, Plot No. 2, Community Centre
Okhla Phase - I, New Delhi - 110020

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत सांविधिक निकाय
Statutory Body under the Ministry of Health & Family Welfare

F.No. 1-6/Renewal/2018-INC

Dated:- 11 6 APR 2019

NOTIFICATION

The list of State Nursing Council recognised Institutions offering ANM/GNM/B.Sc(N)/M.Sc(N)/NPCC/Post Basic Diploma programme inspected under Section 13 & 14 of INC Act is not exhaustive which is displayed on the website for the academic year 2018-2019. Nursing institutions which are recognized by State Nursing Councils and earlier found Suitable by Indian Nursing Council which do not find a place in the above list may inform to the Secretary Indian Nursing council through email (secy.inc@gov.in) by submitting the following documents for inclusion in the above list latest by **30th April 2019:**

- i) SNRC recognition letter
- ii) INC suitability letter

This issues with the approval of Competent Authority.

(K.S.Bharati)
JOINT SECRETARY

उपचर्या शिक्षा के एकसमान मानक प्राप्त करने के लिए प्रयासरत
Striving to Achieve Uniform Standards of Nursing Education

Website: www.indiannursingcouncil.org E-mail: secy.inc@gov.in

Phone: 011-66616800, 66616821, 66616822

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 2019-2020

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

Last Date : 30/05/2019

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 :

Pin Code :

State :

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

E-mail:

5. Fee / Institution Code _____

6. Institution is under (Please
- $\sqrt{\quad}$
- 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
					2015-16	2016-17	2017-18	2018-19	
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:*

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 2018-2019 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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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 2017-18 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 : _____