



**GOVERNMENT OF WEST BENGAL
COLLEGE OF NURSING
INSTITUTE OF PSYCHIATRY- COE
7, D. L. KHAN ROAD, KOLKATA-25**

Self attested
passport size
photo

APPLICATION FORM FOR ADMISSION

POST BASIC DIPLOMA IN PSYCHIATRIC NURSING

Name of the applicant (In block letter).....

Age as on 31.08.2026.....

Date of Birth (attested photocopy of birth proof to be attached)

Category: SC/ST/OBC/UR (Attested photocopy to be attached where applicable).....

Parent's/Husband's name

Marital status.....

Working under WBNC Cadre

Yes.....No.....

If Yes, a) Date of appointment in Govt. service.....

b) Date of confirmation in Govt. service.....

c) Grade of appointment.....

d) Whether any unauthorized leave/ Departmental proceeding /Court case lying pending
Yes No

Permanent address

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Communication address

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Mobile no (whats app no)

Guardian contact no.....

Qualification (Attested photocopy of documents to be enclosed)

a) General Education.....

b) Professional Education (Year & month of passing out).....

c) Professional Experience.....

d) Registration Number of WBNC.....

Year of Registration with validity date.....

e) NUID No. with validity date.....

f) Current place of employment.....

g) Current designation of employment.....

I, residing at

hereby declare that the above furnished particulars are to be true and correct to the best of my knowledge.

Signature of applicant.....

Date.....

Certificate of the Principal

Information and particulars furnished above are verified and found correct to the basis of the furnished documents..

Signature of the Principal.....

College of Nursing, Institute of Psychiatry- COE, Kolkata-25

Date and seal.....