Admission Notice for Diploma in Cardiothoracic Nursing

Session – 2020

Government of West Bengal

College of Nursing

Nil Ratan Sircar Medical College & Hospital

Kolkata – 700014

Applications are invited from eligible candidates for admission to Diploma in Cardiothoracic Nursing. The course is recognised by Indian Nursing Council and will be conducted at College of Nursing, Nil Ratan Sircar Medical College & Hospital, and Kolkata – 700014

**Details are given below: -**

Course - Cardiothoracic Nursing

Duration – 01year

No. of Seats – 15 (WBNS candidate – 10 as per G.O. No. ( HNG/9C-9-2011/Pt II/1221

dated, - 12/12/2019)

**Eligibility: -**

1. B. Sc (Nursing) / GNM registered with West Bengal Nursing Council
2. Age – for WBNS candidate – Less than 53years

 Other – Less than 45years

1. If eligible candidates are not available vacant seats will be filled by candidates outside WBNS Cadre

**Terms and condition: -**

i) For WBNS candidates (As per WB Nursing personnel (Placement on Trainee Reserve) Rule 2009

1. Selected candidates have to execute a bond to the effect that she should serve the Govt. for a period of 3 years after completion of the course. Bond to be submitted to the releasing authority with a copy of the undersigned

2. Minimum of 3 years of qualifying service under the employment of Govt. of West Bengal

3. Age not more than 53 years (Fifty three years) as on 01.01.2020

ii) For Non –WBNS candidate

 Should be a registered nurse (R.N)

Application form can be downloaded as -

Annexure - I (WBNS candidate)

Annexure - II (non-WBNS candidate)

Last date of submitting the application form Dec 28th 2019

Date of interview Dec 30th 2019 at 1 P.M

Date commencement of the course Jan 01st 2020

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| Affix passport size photo |

ANNEXURE – I

 **FORMAT FOR APPLICATION FOR POST BASIC DIPLOMA COURSE IN
 CARDIOTHORACIC NURSING, 2020**

 **(FOR CANDIDATES OF WEST BENGAL NURSING SERVICE)**

**(Incomplete application will be not entertained)**

1. Full Name (In Block Letters) : ---------------------------------------------------------------------------------------
2. Designation with grade : ------------------------------------------------------------------------------------------
3. Father’s / Husband’s Name : -----------------------------------------------------------------------------------------
4. Address : ----------------------------------------------------------------------------------------------------------------

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1. Phone No. (Including mobile No.) : ---------------------------------------------------------------------------------
2. Date of Birth (Attested photocopy of document to be enclosed) : ----------------------------------------------
3. Age as on 01.01.2020 : ------------------------------------------------------------------------------------------------
4. Present place of posting : ---------------------------------------------------------------------------------------------
5. Marital Status : ---------------------------------------------------------------------------------------------------------
6. Category : SC/ ST/ OBC/ (Attested photocopy of certificated)/ UR : ------------------------------------------
7. Qualification (Attested photocopy of documents to be enclosed)

 a) Educational: ---------------------------------------------------------------------------------------------

1. Professional Qualification ( with year of passing & Month : ------------------------------------
2. Registration No. of West Bengal Nursing Council & Year : ----------------------------------------------------
3. Dated of Appointment in Govt. Service as Gr. II : ----------------------------------------------------------------
4. Dated of confirmation in the Govt. Service (if done) : -----------------------------------------------------------
5. Whether any unauthorized leave/Deptt. Proceeding/court case lying pending (Yes/No) : ------------------

Signature of the applicant

 Date:

**Certificate of the local authority:**

Information and particulars furnished above are verified from her service Book are found correct.

Signature of the local authority

 Dated & Seal

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| Affix passport size photo |

ANNEXURE – II

**FORMAT FOR APPLICATION FOR POST BASIC DIPLOMA COURSE IN
CARDIOTHORACIC NURSING, 2020**

**(FOR CANDIDATES OTHER THAN WEST BENGAL NURSING SERVICE)**

**(Incomplete application will be not entertained)**

1. Full Name (In Block Letters) : ---------------------------------------------------------------------------------------
2. Father’s / Husband’s Name : -----------------------------------------------------------------------------------------
3. Address : ----------------------------------------------------------------------------------------------------------------

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1. Phone No. (Including Mobile No.) : --------------------------------------------------------------------------------
2. Date of Birth (Attested photocopy of document to be enclosed) : ----------------------------------------------
3. Age as on 01.01.2020 : ------------------------------------------------------------------------------------------------
4. E mail ID : --------------------------------------------------------------------------------------------------------------
5. Marital Status : ---------------------------------------------------------------------------------------------------------
6. Category : SC/ ST/ OBC/ (Attested photocopy of certificated)/ UR : ------------------------------------------
7. Qualification (Attested photocopy of documents to be enclosed)

 a) Educational: ---------------------------------------------------------------------------------------------

1. Professional Qualification ( with year of passing & Month : ------------------------------------
2. Registration No. of West Bengal Nursing Council & Year : ----------------------------------------------------
3. Experience : ------------------------------------------------------------------------------------------------------------

Signature of the applicant

 Date: