Office of the West Bengal Nursing Council
"Purta Bhawan", Room No. 302, 3rd floor,
D.F. Block, Sector – I, Salt Lake City,
Kolkata – 700 091. ☎ (033) 2321 2059.
Email: wbnc_22302059@ymail.com
Website: www.wbnc.in

सत्यमेव जयते

No. 23 /514/NC

Date: 29/7/2026

From: Registrar, West Bengal Nursing Council

Notice

The Authorities of the Study Centre conducting CPCH Course under West Bengal Nursing Council here by being notified that the applications of the **Review of Answer Scripts** for **CPCH Examination, June 2026**, must be submitted in this office within **3 rd August, 2026** by the representatives of Study Centre along with the below enlisted documents:

1) A covering Letter issued from the Study Centre in Charge of the Concerned Study Centre.
2) The Concerned Study Centre submit their Review Application Through Speed Post or by Hand of the Institution Faculty or Teacher, Candidate can't have allowed for submission of Review Application.
3) Self- Attested photocopy Mark-Sheet of The candidate.
4) Review application form fill-up copy of @ **Rs.50 (Fifty)** per Subject of Each Candidate.
5) The prescribed fee for Review is **Rs. 2000/- (Two Thousand)** Only for each individual Paper, payment should be Thorough SBI Collect.

This for the Information.

29/07/2026
Registrar
West Bengal Nursing Council

WEST BENGAL NURSING COUNCIL KOLKATA

WEST BENGAL NURSING COUNCIL

8, Lyons Range, Mitra Building (4th floor) Kolkata-700 001
Phone : 2230-2059 / 2059-5579

APPLICATION FORM FOR REVIEW OF MARKS

FOR OFFICE USE
Set. No.
Examiner's Name :

Roll No. _____

Name of the Candidate _____

Examination Appeared _____

Date of Examination _____

To
The Registrar,
West Bengal Nursing Council,
Kolkata - 700 001

Sub : Application for REVIEW (Verification) of Marks of

_____
(Name of the Examination)

Dear Madam,

I, the understand, request you to verify my marks as per details given below :-

1) Name of the Training School _____

2) Centre for Theory Examination _____

3) Total No. of Papers for verification _____

4) Details of the marks of examination for subject to be verified only :-

Roll No.	Name of the Candidate	Paper/s for Review	Marks Obtained

So please accept the application for verification of Marks & kindly do the needful.

Yours faithfully

Date :

_____
Signature of the Candidate

Forwardwed to the Registrar, West Bengal Nursing Council, Kolkata for further necessary action.

Yours faithfully

Enclo : Attested Copy of Mark -- Sheet

_____
Name & Signature of the In - Charge
of the School with office seal

N.B. Each Application for Review should be followed by the requisite form which may be had from the West Bengal Nursing Council. The fee for review is Rs. 100/- only per subject per candidate.

FOR OFFICE USE

Amount	Receipt No.	Date	Remarks

NPH - 1000 Copies (Sept 2012)