

CHANDRAKANT INSTITUTE OF NURSING AND HEALTH SCIENCES

(A UNIT OF LIVER FOUNDATION WEST BENGAL)

INDIAN INSTITUTE OF LIVER AND DIGESTIVE SCIENCES, (CAMPUS)
SITALA (EAST), MALIPUKURIA, JAGADISPUR, SONARPUR, KOLKATA-700-150

Fourth Provisional List

Sl #	Application No.	Applicant Name	Father Name	Date Of Birth	Phone	Police Station	District	Pin Code	Total Marks in Language + 3 compulsory subject	Aggregate Marks Percentage	Whether documents and particular subject disappears	Remarks	
1	2	3	4	5	6	7	8	9	11	12	13	14	
1	CINHS202009171152450016	ADITI DAS	ALOKE DAS	04-12-2000	6289056591	BARUIPUR	SOUTH 24 PARGANAS	700145	313	62.6	OK	PROVISIONALLY SELECTED	
2	CINHS202009171944550022	SNEHA PURKAIT	PRASANTA KUMAR PURKAIT	20-01-2002	9126473715	MONDIR BAZAR	SOUTH 24 PARGANAS	743336	313	62.6	OK	PROVISIONALLY SELECTED	
3	CINHS202009211209420056	SAYANTANI NANDI	GANESH CHANDRA NANDI	20-09-2001	9749255863	GARHIBETA	PASCHIM MIDNAPORE	721127	312	62.4	OK	PROVISIONALLY SELECTED	
4	CINHS202009182013120040	UMA DAS	TAPAN KUMAR DAS	10-09-1999	7548091501	SAGAR	SOUTH 24 PARGANAS	743373	312	62.4	OK	PROVISIONALLY SELECTED	
5	CINHS202009281657200122	CHAITALI DEY	SANKAR KUMAR DEY	31-03-2003	8777655903	SAUTIA	PASCHIM MIDNAPORE	721457	306	61.2	OK	PROVISIONALLY SELECTED	
6	CINHS20200917213029023	CHAITI ROY	ASIM ROY	17-05-2003	9051998664	BUDGE BUDGE	SOUTH 24 PARGANAS	743318	304	60.8	OK	PROVISIONALLY SELECTED	
7	CINHS202009221326160072	PRITILATA MAHATA	BACHCHU MAHATA	27-09-2000	7407210229	SALBONI	PASCHIM MIDNAPORE	721516	291	58.2	OK	PROVISIONALLY SELECTED	
8	CINHS202009212109080067	ISHITA HALDER	SHYAMSUNDAR HALDER	11-10-2001	7602553008	MANDIR BAZAR	SOUTH 24 PARGANAS	743336	290	58	OK	PROVISIONALLY SELECTED	
9	CINHS202009301651150147	TANIA GANGULY	DIPANKAR GANGULY	12-07-1997	8777768595	HARIDEVPUR	KOLKATA	700082	288	57.6	OK	PROVISIONALLY SELECTED	
10	CINHS202009212021200065	POULAMI PANDA	ARUN PANDA	07-09-2000	6290295336	SANKRAIL	JHARGRAM	722135	285	57	OK	PROVISIONALLY SELECTED	

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Fourth Provisional List

These Provisionally selected Candidates are hereby requested to contact the Principal Office of Chandrakant Institute of Nursing and Health Sciences (A unit of Liver foundation, West Bengal), Sonarpur. Counselling and documents verifications will be held as mentioned below

21/10/2020 (Wednesday) 10:00 am to
Sl no. 1 to 10 5:00 pm.

At the time of counselling and verification the Applicants must be present along with the below mentioned documents (original and xerox)

Age proof certificate: Birth Certificate/ Madhyamik Admit card/certificate

10+2 Standard Marksheets.

Residential certificate (2 copies) certified by Sabhadipati/Sabhapati of local panchayat Samiti/ Mayor or Councillor of local municipal corporation/chairman or ward councillor of local municipality/ Local Mp or MLA that the candidate is residing there for the period of last five years. (proforma attached).

Medically fit Certificate. (as per Proforma attached)

Details of Payment made online for the Application.

All the candidates will be required to submit the Admission fees after the Counselling is done.

Only Cheque/Demand draft in favour of Liver foundation, West Bengal will be accepted (No cash will be accepted)

For any other query Please contact on 9674207048

LIVER FOUNDATION, WEST BENGAL

(21) MEDICAL CERTIFICATE FOR ADMISSION IN G.N.M. TRAINING COURSE

1) Name of the Candidate (in block letter):

Coloured
Photo to be
attested by
Medical
Practitioner

2) Father's/ Guardian's Name :

3) Date of Birth :

4) Address a) Permanent :

b) Present :

A. History of Illness

a) Past and Present :

b) Family History :

B. Physical Examination

1) Height :

2) Weight :

3) Physical Built :

4) Deformity :

5) Posture & Gait :

6) Condition of Skin & Mucous Membrane:

7) Teeth & Gum :

8) Hearing :

9) Mental Alertness :

10) Blood Pressure :

11) Pulse/ Respiration :

12) Urine Test for Albumin & Sugar:

13) Blood for TC, DC, ESR & Hb%:

14) Vision: Right Eye: Left Eye:

15) Heart :

16) Lung (X-Ray Chest) :

17) Abdomen (Liver & Spleen):

18) Menstrual History :

"I hereby certify that I have examined Smt. /Sri _____, a candidate for GNM training course and I couldn't discover that Smt. /Sri _____ has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except _____. I do not consider this a disqualification for the said training. According to the statement of Smt. /Sri _____, she/he is _____ year old and by appearance she/he is about _____ year old"

The Candidate is

i. Fit

ii. Unfit on account of:

iii. Temporarily unfit on account of:

Full signature of the Candidate with date

Place : Signature of the Medical Practitioner

Date : Name :

Degree :

Registration. No. :

(Seal)

Pro-forma for Residential Certificate

I hereby certify that I personally know Smt.

D/o, She is a citizen of India and has
been residing in the district of in West Bengal for at
least five years till date.

Her present address is
.....
.....

Date:

Signature of Competent Authority

Place:

with Office seal and date