

# 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

## Second 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 particulars appears ok	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13
1	CINHS202009171130270015	DIPIKA BHUNIA	DIPAK KUMAR BHUNIA	09-04-2003	9051088939	PATHAR PRATIMA	South 24 Parganas	743371	387	77.4	ok	Provisionally Selected
2	CINHS202009280924060110	ESHA BHATTACHARYA	ASHOK BHATTACHARYA	16-07-2002	9832968299	FRESERGANJ COASTAL	South 24 Parganas	743357	386	77.2	ok	Provisionally Selected
3	CINHS202009231715450084	ANKITA MAITY	NIRMAL KUMAR MAITY	13-03-2002	8942883933	SUTAHATA	Purba Medinipur	721645	384	76.8	ok	Provisionally Selected
4	CINHS202009282016070126	ANINDITA TUNGA	PURNA TUNGA	13-04-2002	9733946193	BHUPATINAGAR	Purba Medinipur	721425	384	76.8	ok	Provisionally Selected
5	CINHS202009271107440103	AMRITA GIRI	PABANENDU GIRI	09-10-2001	9932656327	SAGAR	South 24 Parganas	743373	383	76.6	ok	Provisionally Selected
6	CINHS202009191803410044	MOUSUMI HALDER	UMASANKAR HALDER	22-02-1998	9775625111	MATHURAPUR	South 24 Parganas	743354	382	76.4	ok	Provisionally Selected
7	CINHS202009221646490074	SUSMITA DE	SUBRATA DE	15-10-2001	9883528338	ARAMBAGH	Hooghly	712413	380	76	ok	Provisionally Selected
8	CINHS202009231359190081	SHREYASI BAG	DILIP KUMAR BAG	24-01-2003	7866882823	HARDWOOD POINT COSTAL	South 24 Parganas	743347	380	76	ok	Provisionally Selected
9	CINHS202009271812010104	AYANTIKA BERA	DILIP BERA	31-03-2001	9732920988	BHUPATINAGAR	Purba Medinipur	721626	379	75.8	ok	Provisionally Selected
10	CINHS202009241515260090	Ankita Patra	Pulak Patra	02-01-2002	8167549975	Belda	Paschim Midnapore	721424	378	75.6	ok	Provisionally Selected
11	CINHS202009302045480151	MADHUSHRI MAITY	UTTAM MAITY	15-11-2001	9883385320	DASPUR	Paschim Midnapore	721148	376	75.2	ok	Provisionally Selected
12	CINHS202009251122080093	SUDIPTA SASMAL	LATE PRABODH SASMAL	02-12-2002	9883351844	NAMKHANA	South 24 Parganas	743357	376	75.2	ok	Provisionally Selected
13	CINHS202009251215330094	SAYANTANI KUNDU	SHIBORAM KUNDU	12-10-1997	7980724894	TANGRA	Kolkata	700046	373	74.6	ok	Provisionally Selected
14	CINHS202009202153310055	ANKITA SEN	ASHIM KUMAR SEN	21-03-2001	8981956761	BARANAGAR	Kolkata	700036	372	74.4	ok	Provisionally Selected
15	CINHS202009211328340061	SIMA GHOSH	TAPAN KUMAR GHOSH	03-03-2002	9734344212	GARHBETA	Paschim Midnapore	721127	370	74	ok	Provisionally Selected

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16	CINHS202009221825130075	SRISTI DALAL	TARUN DALAL	16-10-2002	9734625901	DASPUR	Paschim Midnapore	721212	370	74	ok	Provisionally Selected
17	CINHS202009211422420063	CHANDRIMA DAS	MANAS KUMAR DAS	14-03-2003	9330859006	ULUBERIA	Howrah	711316	369	73.8	ok	Provisionally Selected
18	CINHS202009211238400059	PRIYANKA DEBSINGHA	MANARANJAN DEBSINGHA	02-04-2002	9883073398	SALBONI	Paschim Midnapore	721516	366	73.2	ok	Provisionally Selected
19	CINHS202009171938230021	MIHI SONA MONDAL	DIPAK KUMAR MONDAL	20-04-2000	9851606282	Durgachak	Purba Medinipur	721602	366	73.2	ok	Provisionally Selected
20	CINHS202009261955480100	MADHURIMA SARKAR	RATAN SARKAR	04-01-1996	9681890339	HARIDEVPUR	Kolkata	700082	366	73.2	ok	Provisionally Selected
21	CINHS202009270940490102	ANINDITA PATRA	SANKAR PATRA	18-02-2001	9874980055	Dhaniakhali	Hooghly	712402	361	72.2	ok	Provisionally Selected
22	CINHS202009211254580060	RUBI MAITY	RATAN MAITY	26-11-2001	7439248344	SAGAR	South 24 Parganas	743373	361	72.2	ok	Provisionally Selected
23	CINHS202009271919000107	PROJUKTA DEY KABIRAJ	TAPAS DEY KABIRAJ	08-03-2001	7439091385	Singur	Hooghly	712223	360	72	ok	Provisionally Selected
24	CINHS202009291834370137	ANWESHA JANA	SAMAR JANA	27-09-2001	9800336154	H P COASTAL	South 24 Parganas	743347	359	71.8	ok	Provisionally Selected
25	CINHS202009182013020039	ISHA DUTTA	MILAN DUTTA	13-07-2002	9681420327	SONARPUR	Kolkata	700150	359	71.8	ok	Provisionally Selected
26	CINHS202009181827120037	SHREYASHRI KUNDU	PIJUSH KUNDU	13-11-2001	8777723904	BARUIPUR	South 24 Parganas	700144	358	71.6	ok	Provisionally Selected
27	CINHS202009281341110117	BANDANA DAS	SUBHAS DAS	10-05-1997	9851298345	SAGAR	South 24 Parganas	743373	357	71.4	ok	Provisionally Selected
28	CINHS202009281108020112	MOUSUMI RANA	SHYAMACHARAN RANA	20-02-2001	9832951838	BELDA	Paschim Midnapore	721424	357	71.4	ok	Provisionally Selected
29	CINHS202009241307560089	Anushka Dey	Swapan Kumar Dey	19-07-1999	9874758929	DumDum	North 24 Parganas	700077	355	71	ok	Provisionally Selected
30	CINHS202009181231010030	PRAPTI SAMANTA	SAKTIPADA SAMANTA	23-09-2002	8918865216	CHANDRAKONA	Paschim Midnapore	721232	354	70.8	ok	Provisionally Selected

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31	CINHS202009241011410087	RIYA SARDAR	RABINDRA NATH SARDAR	03-10-1999	8158004151	KULPI	South 24 Parganas	743351	354	70.8	ok	Provisionally Selected
32	CINHS202009281300570115	SWAGATA DAS	SUMIT KUMAR DAS	08-11-1997	9733925489	PANSKURA	Purba Medinipur	721152	352	70.4	ok	Provisionally Selected

Those 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

16/10/2020 (Friday) 10:00 am to 5:00 pm.  
Sl no. 1 to 32

At the time of counselling and verification the Applicantants must be present along with the below mentioned documents (original and xerox)  
Age proof certificate: Birth Certificate/ Madhyamik Admit card/certificate

10+2 Standard Marksheet.

Residential certificate (2 copies) certified by Sabhadipati/Sabhapati of local panchayat Samaiti/ Mayor or Councillor of local municipal corporation/chairman or ward councillor of local municipality/ Local MP or MLA that  
Medically fit Certificate. (as per Proforma attached)

Details of Payment made online for the Application.

All the candidates will 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):

2) Father's/ Guardian's Name . . . :

3) Date of Birth . . . :

4) Address a) Permanent . . . :

b) Present . . . :

Coloured  
Photo to be  
attested by  
Medical  
Practitioner

**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:

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Full signature of the Candidate with date

Place : Signature of the Medical Practitioner

Date : Name :

Degree :

Registration. No. :

(Seal)

140118 121W (MOT 100003 93V1)

**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**