

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 particulars appears ok | Remarks |
|------|-------------------------|-------------------|------------------------|---------------|------------|----------------|-------------------|----------|--|----------------------------|--|------------------------|
| 1 | CINHS202009171152450016 | ADITI DAS | ALOKE DAS | 04-12-2000 | 6289056591 | BARUPUR | SOUTH 24 PARGANAS | 700145 | 11 | 12 | 13 | 14 |
| 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 | SAVANTANI NANDI | GANESH CHANDRA NANDI | 20-09-2001 | 9749255863 | GARHBETA | 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 | SAULTIA | PASCHIM MIDNAPORE | 721457 | 306 | 61.2 | OK | PROVISIONALLY SELECTED |
| 6 | CINHS202009172130290023 | CHAITI ROY | ASIM ROY | 17-05-2003 | 9051998664 | BUDGE BUDGE | SOUTH 24 PARGANAS | 743318 | 304 | 60.8 | OK | PROVISIONALLY SELECTED |
| 7 | CINHS202009221326160072 | PRITILATA MAHAATA | BACHCHU MAHAATA | 27-09-2000 | 7407210229 | SALBONI | PASCHIM MIDNAPORE | 721516 | 291 | 58.2 | OK | PROVISIONALLY SELECTED |
| 8 | CINHS202009212109080067 | ISHITA HALDER | SHYAMSUNNDAR 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 | HARIDVAPUR | 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

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

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 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 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 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 :

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 :

Coloured
Photo to be
attested by
Medical
Practitioner

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"

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