

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

Third 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	11	12	13	14
1	CINHS202009171205260017	SUA GHOSH	SIDDHARTHA GHOSH	02-09-2001	7980935788	SONARPUR	South 24 Parganas	700149	351	70.2	ok	Provisionally Selected
2	CINHS202009170917230014	ARPITA JANA	AMITAVA JANA	09-07-2002	9883210751	CHANDIPUR	Purba Medinipur	721625	350	70	ok	Provisionally Selected
3	CINHS202009230821310077	SHREYA PURKAIT	SAMIR PURKAIT	09-11-2002	9732767225	HARWOOD POINT COASTAL	South 24 Parganas	743374	350	70	ok	Provisionally Selected
4	CINHS202009302322130155	SUSHPRIYA RAHA	SUBASH RAHA	07-08-2001	8637094789	BALURGHAT	Dakshin Dinajpur	733101	350	70	ok	Provisionally Selected
5	CINHS202009291258080132	PAYEL DAS	SWAPAN DAS	13-06-2003	8370842851	H P COASTAL	South 24 Parganas	743347	350	70	ok	Provisionally Selected
6	CINHS202009171923270020	TRINIKA DAS	PANKAJ DAS	15-12-2002	9433717117	JAYNAGAR	South 24 Parganas	743337	346	69.2	ok	Provisionally Selected
7	CINHS202009201213310050	TRAYEE ROYCHOWDHURY	BIMALENDU ROYCHOWDHURY	05-08-2000	6295553005	BOLPUR	Birbhum	731204	345	69	ok	Provisionally Selected
8	CINHS202009201013410046	TITHI MAITY	BISWAJIT MAITY	21-05-2002	9832195724	PATHARPRATIMA	South 24 Parganas	743371	344	68.8	ok	Provisionally Selected
9	CINHS202009231226180079	ARPITA DAS	BISWAJIT DAS	11-08-2002	8670232311	NAMKHANA	South 24 Parganas	743357	344	68.8	ok	Provisionally Selected
10	CINHS202009182102380041	Sujata Mondal	Sasanka Sekhar Mondal	20-01-1994	9614390344	Jadavpur	Kolkata	700032	338	67.6	ok	Provisionally Selected
11	CINHS202009211209480057	ANISHA DAS	INDRANARAYAN DAS	04-05-2001	9851949055	Mahishadal	Purba Medinipur	721628	336	67.2	ok	Provisionally Selected
12	CINHS202009181155320029	Poulami Ban	Pradyut Kumar Ban	13-08-2002	9933808573	Digha	Purba Medinipur	721463	336	67.2	ok	Provisionally Selected
13	CINHS202009281630020121	RIKTA DAS	RATAN DAS	23-04-2002	8670232311	KAKDWIP	South 24 Parganas	743347	335	67	ok	Provisionally Selected
14	CINHS202009211336120062	MURSHIDA KHATUN	MOSLEM ALI SANPUI	05-01-2001	9732920418	BHANGAR	South 24 Parganas	743330	331	66.2	ok	Provisionally Selected

LIVER FOUNDATION, WEST BENGAL

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

Third 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	11	12	13	14
15	CINHS202009231432070082	DEYASHI DAS	DIPAK DAS	03-11-2002	8371029572	KUMARGANJ	Dakshin Dinajpur	733141	327	65.4	ok	Provisionally Selected
16	CINHS202009191028040042	MOUMITA DUTTA	MANATOSH DUTTA	31-10-2000	8777893871	SONARPUR	South 24 Parganas	700150	325	65	ok	Provisionally Selected
17	CINHS202009181456120034	Bhaswati Mallick	Narayana Das Mallick	27-10-2001	9073865719	Khandoghosh	Purba Bardhaman	713142	323	64.6	ok	Provisionally Selected
18	CINHS202009161445520012	SHIPLA MALAKAR	SANTANU MALAKAR	14-12-2002	9002971517	BARWAN	Murshidabad	742161	322	64.4	ok	Provisionally Selected
19	CINHS202009291813370136	TANIMA MAITY	NANIGOPAL MAITY	28-02-1997	9732920988	BHUPATINAGAR	Purba Medinipur	721425	321	64.2	ok	Provisionally Selected
20	CINHS202009212035180066	KANIZ FATEMA	MD KAMRUZ ZAMAN	12-01-1998	7908489467	BURDWAN SADAR	Purba Bardhaman	713103	321	64.2	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

19/10/2020 (Monday) 10:00 am to 5:00 pm.
Sl no. 1 to 20

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

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