



Office of the West Bengal Nursing Council  
"Purta Bhawan", Room No: 302, 3<sup>rd</sup> Floor  
D.F. Block, Sector-I, Salt Lake City,  
Kolkata-700091 ☎ (033) 2321 2059  
Email id: [wbnc\\_22302059@gmail.com](mailto:wbnc_22302059@gmail.com)  
Website: [www.wbnc.in](http://www.wbnc.in)



No: 001/ NS480/NC

Date:16/04/2026

**RENEWAL VALIDITY LETTER FOR ACADEMIC YEAR 2026-27**

To  
RAVEL INSTITUTE OF NURSING, KOLKATA  
RAJARHAT KAMARBARI  
Trust Name: SUDAMA EDUCATIONAL TRUST  
Parent Hospital Name: Iris Hospital, Kolkata

**Sub: Renewal Validity of the Institution for the Academic Year 2026-27**

Please refer to your Online Application for Institution renewal validity application dated on the subject noted above, the undersigned has permitted the institution for the below enlisted programme/s:

Sl.No.	Programme	Seats	Year
1	GENERAL NURSING MIDWIFERY (3 YEARS)	60	2026-27
2	B.Sc. Nursing	60	2026-27

**\*\*The above mentioned seat no as per application of the Institution Programme wise.**

**Subject to the following conditions:**

1. Institution shall obtain **permission letter from WBNC , INC & WBUHS (For Graduation & PostGraduation) in every year.**
2. Institution should have **01:10 teacher student ratio.**
3. Institution should have **labs as prescribed by INC.**

In case of the information furnished by you is false or misleading then the INC & WBNC has the right to withdraw the permission for the said academic years out rightly any time further action as deemed fit would be taken against the institution for the above said. programme. However, the institution shall be inspected in near future and if found unsuitable during the next inspection, WBNC will not be responsible for the career prospects of the students of this batch admitted.

**Registrar**  
**West Bengal Nursing Council**