



**College and School of Nursing, R.N Tagore Hospital**

**A Unit of Asia Heart Foundation**

**ESTD : 2005**

Formerly known as College of Nursing, Asia Heart Foundation

(Affiliated by Indian Nursing Council, West Bengal Nursing Council and West Bengal University of Health Sciences)

**Admission is going on**

## **Notice for Admission (Session- August, 2023)**

- **Post Basic Diploma in Cardio Thoracic Nursing**
- **Post Basic Diploma in Neuro Science Nursing**

<b>Courses</b>	<b>Starting Year</b>	<b>Recognized by</b>	<b>Examining Board</b>	<b>Duration</b>	<b>Seats</b>	<b>Course Fees</b>	<b>Admission Criteria</b>
Post Basic Diploma in Cardio Thoracic Nursing	2005	Indian Nursing Council West Bengal Nursing Council	West Bengal Nursing Council	1 year	20	Rs 7,500/-	<ul style="list-style-type: none"><li>• GNM / B.Sc Nursing</li><li>• Already registered at West Bengal Nursing Council / have Reciprocal Registration</li><li>• Posses a minimum 1 year experience as a Staff Nurse.</li><li>• Medically fit.</li></ul>
Post Basic Diploma in Neuro Science Nursing	2007	West Bengal Nursing Council		1 year	15	Rs. 7,500/-	

*Eligible & Interested candidates may contact Institution directly for admission or can send the application **within 15.08.2023** to the following*

*Email address : [admission.n20@gmail.com](mailto:admission.n20@gmail.com)*

Contact Details: 8697747713, Email: [admission.n20@gmail.com](mailto:admission.n20@gmail.com)

Address: Premises No.234, Ukhila-2, Paikpara, Narendrapur, Kolkata- 700103

Website: [www.ahf.net.in](http://www.ahf.net.in)

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Application form of Post Basic Diploma in Cardio Thoracic Nursing / Neuro Science Nursing

Name (In Block Letters) :.....

Guardian Name: .....

D.O.B: ..... Sex: ..... Cast :.....

Qualification: GNM / B.Sc Nursing Year of Passing:.....

Name of the Institution :.....

Registration Number:..... NUID No.....

Degree / Diploma obtain from (University / Council).....

Applied for : Post Basic Diploma in Cardio Thoracic Nursing

Post Basic Diploma in Neuro Science Nursing

Duration of Experience :..... Designation:.....

Email ID:..... Contact No:.....

Signature :

Date: