



## Directorate General of Nursing & Midwifery Data Collection Tool

Photo

Place of posting: \_\_\_\_\_ District: \_\_\_\_\_

### General Information

BNC Nurse Registration No.:

National ID No.:

### Personal Information

Full Name (English) \_\_\_\_\_  
(Capital Letter)

Name (Bangla) \_\_\_\_\_

Sex (Tick) Male  Female Passport Number 

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Date of Birth     
(Day) (Month) (Year)

Birth Place (District) \_\_\_\_\_

Religion (Tick)  I  Hi  Bu  Ch  OMarital Status (Tick)  S  M  W  D  Se

I=Islam, Hi=Hindu, Bu=Buddhist, Ch=Christian, O=Others

S=Single, M=Married, W=Widow, D=Divorced, Se=Separated

Mobile Number E-mail Address 

### Official Information

BPSC Merit No./SI No. BPSC registration No. Specialty posting: 

e.g.: ICU/CCU/ Cardiovascular/ Child/ Psychiatric nursing ect.

### Mailing Addresses

	Present	Permanent
Village/House/Road	_____	_____
Division	_____	_____
District	_____	_____
Thana/Upazilla	_____	_____
Post Office	_____	_____
Postal Code	_____	_____

#### বিঃ দ্রঃ

ফর্মের প্রথমেই বর্তমান কর্মস্থলের নাম এবং কর্মস্থলের জেলার নাম লিখতে হবে। যে সব জায়গায় (Tick) লেখা আছে সে সব স্থানে সঠিক অপশনে টিক চিহ্ন দিতে হবে।

### General Educational Qualification

Level of Education (Please tick your desired option)	Board	Division/CGPA	Year	Country
1	2	3	4	5
SSC/ O Level/ Dakhil/ Equivalent				
HSC/ A Level/ Alim/ Equivalent				

### Professional Educational Qualification

Level of Education	Institute/College/University	Division/Class/CGPA	Year	Country
Diploma in Nursing Science and Midwifery				
B.Sc in Nursing				
If others, specify: _____				

### BNMC Registration Information

Type of Registration (Please tick your desired option)	Reg. Number	First Issue Date dd/mm/yyyy	Last Renewal Date dd/mm/yyyy
Diploma in Nursing Science and Midwifery		/ /	/ /
B.Sc in Nursing		/ /	/ /
Specialty (Specify): _____		/ /	/ /

BNMC Registration Information টেবিলে বিএনএমসি থেকে বিভিন্ন বিষয়ের উপর প্রাপ্ত রেজিস্ট্রেশন নাথার, ইস্যু এবং নবায়নের তারিখ লিখতে হবে।

### Service Particulars

Date of Appointment               G.O. No. of Appointment \_\_\_\_\_  
 (Day)      (Month)      (Year)

Date of Joining               G.O. No. of Joining \_\_\_\_\_  
 (Day)      (Month)      (Year)

Designation	Workplace Category**	Name of workplace & District Name	Pay Scale	Basic Pay
1	2	3	4	5
Senior Staff Nurse				
**Workplace Category	MCH=Medical College Hospital, MI=Medical Institute, H=Hospital & District Hospital, DC= Dental College, DDHO= Divisional Director Health Office, CSO=Civil Surgeon Office, CDC=Chest Diseases Clinic, NI=Nursing Institute, NC=Nursing College, MFPC= Model Family Planning Clinic, UHC=Upazilla Health Complex, RHC= Rural Health Complex, USC=Union Sub Center			

Signature of Employee \_\_\_\_\_