



## Directorate General of Nursing & Midwifery Data Collection Tool

Photo

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

### General Information

BNC Midwifery 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 Midwifery      |                              |                     |      |         |
| If others, specify: _____ |                              |                     |      |         |

### BNMC Registration Information

| Type of Registration (Please tick your desired option) | Reg. Number | First Issue Date<br>dd/mm/yyyy | Last Renewal Date<br>dd/mm/yyyy |
|--|-------------|--------------------------------|---------------------------------|
| Diploma in Midwifery                                   |             | / /                            | / /                             |
| Specialty<br>(Specify): _____                          |             | / /                            | / /                             |

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

### Service Particulars

Date of Appointment

|       |         |        |  |  |  |
|-------|---------|--------|--|--|--|
|       |         |        |  |  |  |
| (Day) | (Month) | (Year) |  |  |  |

G.O. No. of Appointment \_\_\_\_\_

Date of Joining

|       |         |        |  |  |  |
|-------|---------|--------|--|--|--|
|       |         |        |  |  |  |
| (Day) | (Month) | (Year) |  |  |  |

G.O. No. of Joining \_\_\_\_\_

| Designation                 | Workplace Category**  | Name of workplace & District Name | Pay Scale | Basic Pay |
|-----------------------------|---|-----------------------------------|-----------|-----------|
| 1                           | 2   | 3                                 | 4         | 5         |
| <b>Midwife</b>              |   |                                   |           |           |
| <b>**Workplace Category</b> | <b>MCH=Medical College Hospital, MI=Medical Institute, H=Hospital &amp; 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</b> |                                   |           |           |

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

Date: 30 August 2018