## Final Monogram President 2

**Qwe**

GK Kwc cvm‡cvU© mvB‡Ri BDwbdg© cwiwnZ Qwe AvBKv w`‡q jvMv‡bvi ci Qwe I dig wg‡j mZ¨vwqZ Ki‡Z n‡e †hb †Pnviv †X‡K bv hvq|

# Bangladesh Nursing & Midwifery Council

Student Registration Form

............. GLv‡b †Kv‡m©i bv‡gi mxj‡gvni ..................

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | | |
| *Name (Bangla)* |  | | | *Full Name (English)* | |  | |
| *Father’s Name (English)* |  | | | (Capital Letter)  *Mother’s Name (English)* | |  | |
|  |  | | |  | |  | |
| *Sex (Tick)* | *Male Female* | | | *Date of Birth* | | (Day)  (Month)  (Year) | |
|  |  | | |  | |  | |
| *National ID No.* |  | | | *Passport No.* | |  | |
|  |  | | |  | |  | |
| *Guardian’s Name* |  | | | *Relation to Guardian* | |  | |
|  |  | | |  | |  | |
| *Quota (Grand Daughter/Son or Great Grand Daughter/Son of Freedom Fighter)* | |  | | *Nationality* | |  | |
|  |  | | |  | |  | |
| *Religion (Tick)* | Islam, Hindu, Buddhist, Christian, Others | | | *(\*) Marital Status (Tick)* | | Single, Married, Widow, Divorced, Separated | |
|  | | |  | |  | |
| *E-mail Address* |  | | | *Student’s Mobile No.* | |  | |
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| --- | --- | --- | --- |
| Present Address | | | |
| *Village/House/Road* |  | *Division* |  |
| *District* |  | *Thana/Upazilla* |  |
| *Post Office* |  | *Postal Code* |  |
|  |  |  |  |
|  |  |  |  |
|  | | | |
| Permanent Address | | | |
| *Village/House/Road* |  | *Division* |  |
| *District* |  | *Thana/Upazilla* |  |
| *Post Office* |  | *Postal Code* |  |
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cÖ\_g cvZvi ci (I wcV)

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| Student Registration Information | | | | |
| ***Program/Course Title*** | |  | *Length of Program/Course* |  |
| *Session* | (Year)  (Year)  **-** | | *Date of Admission* |  |
|  |  | |  |  |
| *Name of Institution /College/ University* |  | |  |  |
|  |  | |  |  |
| *Program/Course Starting Date*  (Day)  (Month)  (Year) |  | | *Program/Course Completion Date*  (Day)  (Month)  (Year) |  |
|  |  | |  |  |
| *Registration fees* | *Tk.* | | *Bank Draft No.*  *Date.* |  |

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|  | Educational Qualification | | | | | | | | | | | | | | | | |  | | |
| ***Level of Education*** | | | *School/*  *Institution / College* | | *Roll* | *Registration No* | | | *Class /CGPA* | | *Year* | | | *Board/*  *University* | | | | *Country* | | |
| *SSC/Equivalent* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
| *HSC/Equivalent* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
| *Diploma in Nursing /Diploma in Nursing Science* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
| Diploma in Nursing -3 yrs.  Diploma in Midwifery -1 yr.  Diploma in Midwifery -3 yrs.  Diploma in Orthopedic -1 yr.  Diploma in Nursing Science & Midwifery / Orthopedic–4 yrs.  Diploma in Nursing Science & Midwifery–3 yrs.  Diploma in Cardiac Nursing-1 yr.  Diploma in Paediatric Nursing-1 yr.  Others / NA | | |  | |  |  | | |  | |  | | |  | | | |  | | |
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| *Bachelor’s Degree* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
| B.Sc. in Nursing-4 yrs.  B.Sc. in Nursing (Post Basic)-2 yrs.  B.Sc. in Public Health Nursing-(Post basic)-2 yrs.  Others  NA | | |  | |  |  | | |  | |  | | |  | | | |  | | |
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| *Masters* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
| *M. Sc. Nursing- 2 yrs*  MPH- *1 yr*  *NA* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
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|
| *Doctorate* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
| *Other’s* | | |  | |  |  | | |  | |  | | |  | | | |  | | |
|  | | |  | |  |  | | |  | |  | | |  | | | |  | | |
| *BNMC Use Only* | | | | | | | | | | | | | | | | | | | | |
| ***Student’s ID No***. . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | *Session:* | | | 2 | 0 | Y | Y | | - | | 2 | 0 | | Y | | Y | |
| *Program/Course Title:* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | | | | | | | | | | | | | | |
| *Date of ID Issues:* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| Registrar | | **Principal/In-charge** Signature with Seal (Name & Date) | | | | | | |  | |  | |  | | | *Applicant Signature* | | | |