

ছবি
এখানে ইউনিফর্ম পরিহিত ম্যাট পেপারে ল্যাবপ্রিন্ট করা পিছনে
সত্যায়িত এক কপি ছবি স্টেম্পার দিয়ে সংযুক্ত করতে হবে।



BNMC Form No.

Date:

Receipt No.

Taka.....

Bangladesh Nursing & Midwifery Council

Bangladesh Nursing & Midwifery Council Act (Act No. 48 of 2016)

Date :

To
The Registrar
Bangladesh Nursing & Midwifery Council
203 Shaheed Sayed Nazrul Islam Sarani
(Old -86 Bijoy Nagar) Dhaka-1000.

ছবি
এক কপি পাসপোর্ট
সাইজের ইউনিফর্ম পরিহিত
ছবি আইকা দিয়ে
লাগানোর পর ছবি ও ফরম
মিলে অধ্যক্ষ/ইনচার্জ
সত্যায়িত করতে হবে যেন
চেহারা ঢেকে না যায়।

Subject: **Application for B. Sc in Nursing/ Post Basic B. Sc in Nursing/PHN Registration.**

Dear Sir,

I request that, my name address, educational qualifications and current employment details as stated below and apply to be admitted in the Register of B. Sc in Nursing / Post Basic B. Sc in Nursing/PHN. Bangladesh Nursing & Midwifery Council Act (Act No. 48 of 2016). If I am admitted in the Register, I under take that I will in the practice of my profession as a Nurse-Midwife, observe & be bound the rules & regulations issued by the Bangladesh Nursing & Midwifery Council. So far as they affect me and that of the Council shall be any time after due enquiry order my name to be removed from the Register. I will return my certificate to the Registrar/BNMC.

Registration Information

Registration No. (BNMC Use) _____ Date of Registration (BNMC Use)
(Day) (Month) (Year)

Student Registration No. Session : 2 0 - 2 0

Registration fee. Cash (If cash Tick) Bank Draft No. & Date

Personal Information

Full Name (Bangla) _____ Full Name (English) _____
(Capital Letter)

Father's Name (English) _____ Mother's Name (English) _____
(Capital Letter) (Capital Letter)

Sex (Tick) Male Female

National ID _____ Passport Number _____

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

Religion (Tick) Islam Hindu Buddhist Christian Others Marital Status (Tick) Single Married Widow Divorced Separated

E-mail Address Mobile/Cell Number

College/Institute:.....

Permanent Address

Village/House/Road _____ Division _____

District _____ Upazilla/Thana _____

Post Office _____ Postal Code _____

Present Address

Village/House/Road _____ Division _____

District _____ Upazilla/Thana _____

Post Office _____ Postal Code _____

Please Turn Over

Comprehensive/Final/Licence Exam Result (For Initial Registration)

Examination Result for :	Date of Passing dd/mm/yyyy	Score Obtained/Results
Diploma in Nursing Science & Midwifery	/ /	
B. Sc in Nursing-Basic	/ /	
B. Sc in Nursing-Post Basic	/ /	
B. Sc in Public Health Nursing-Post Basic	/ /	

Level of Education	College/University/ Institute Name	Class/ CGPA	Month & Year	Duration	Country
Pre-Registration N/M Education					
Diploma in Nursing Science & Midwifery					
Diploma in Midwifery					
B. Sc in Nursing-Basic					
B. Sc in Nursing-Post Basic					
B. Sc Public Health Nursing-Post Basic					
Post-Registration N/M Education					
B. Sc/Public Health Nursing					
Master's in Nursing/Master's of Public Health					
Doctorate in Nursing/PhD					
Post-Registration N/M Education Other than N/M					
Diploma Course					
Certificate Course					
Bachelor's Degree					
Master's					
Doctorate/PhD					
Specialized Course					

Current Employment Status

Employed (Tick) **Yes** **No**

Country of Employment: _____

Type of employer (Tick) **Public** **Private** **NGO** **Unemployed**

Place of work: _____

Employment setting (Tick) **Health Facility** **Educational Institution** **Other**

If other, please specify: _____

Registrar
Bangladesh Nursing & Midwifery Council

Signature of Principal/In-charge
with Seal (Name & Date)

Signature of Applicant

INSTRUCTIONS

1. The applicant must be fill up all particulars by his/her own hand writing in neat & legible hand.
2. The name entered by applicant's in their application must correspond with their SSC certificate.
3. Application must have signed by Principal In-Charge for acceleration of process.
4. All papers must have attested by Head of Institute.
5. Registration will be provided after production of testimonial from the Head of Institute where he/she is graduated. Enclose true copy of SSC/HSC or equivalent certificate. Submit attested photocopy of SSC/HSC/equivalent certificate, if not submitted true copy.
6. Two copies of recent passport size photograph of the applicant to be submitted with application attested by Principal/Instructor Incharge of the respective College/ Institute. Photo must be attached with aica gum. (Photo must be matt paper, lab print & light colour).
7. When registered, he/she will have to abide by the existing rules and regulations of the Council of rules to be framed from time to time.
8. He/She also sign the Code of Nursing ethics declaration form and attach it with application.
9. B. Sc in Nursing applicant must submit admit card of comprehensive examination, certificates of university and internship certificate with their form.
10. Post-basic B.Sc in Nursing applicant must submit certificate of university and updated professional certificate by council with form.
11. Write down amount of fee in specific box.
12. Application must be forwarded by the Principal/Instructor Incharge.
13. Registration may be cancelled, if any stage the information submitted is found to be incorrect.

Sd/-
Registrar
Bangladesh Nursing & Midwifery Council

BANGLADESH NURSING & MIDWIFERY COUNCIL

Bangladesh Nursing & Midwifery Council Act (Act No. 48 of 2016)

Code of Ethics & Professional Conduct

I am Licence Registration No.

Passed from College/Institute

Now working

Registered Nurse-Midwife/.....hereby declared that, I shall act at all times in such manner as to:

- (a) Safeguard and protect the interests of individual patients/clients.
- (b) Serve the interest of the society.
- (c) Justify public trust and confidence.
- (d) Uphold and enhance the good standing and reputation of the profession.
- (e) Will be in the practice of my profession as a nurse midwife, observe & be bound the rules & regulations issued by the Bangladesh Nursing & Midwifery Council.
- (f) The council shall be at any time after due enquiry order my name to be removed from the register if proved any misconduct against me and will return Registration-Certificate to the Registrar/BNMC.

Signature of the Registered Nurse-Midwife

Date:.....