

Confidential

Bangladesh Nursing & Midwifery Council

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Course: (. . . . Year)

Examination:

To
Registrar
Bangladesh Nursing & Midwifery Council
203 Shaheed Syed Nazrul Islam Sarani, Bijoy Nagar
Dhaka-1000.

Date of Examination:

Top-Sheet of Written Answer Script

Name of Center (Seal):

Subject Code: Name of Subject:

Group of Script (Essay & MCQ):

Roll: to Total:

Total Examinee: (-)Absent: (=)Present:

(Signature, date & Seal/Name)
Member of the committee

(Signature, date & Seal/Name)
Center Incharge

(Group A and Group B answer script must be separate packed)