

ছবি
এখানে ইউনিফর্ম পরিহিত ম্যাট পেপারে ল্যাবপ্রিন্ট করা পিছনে
সত্যায়িত এক কপি ছবি স্টেপলার 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)

ছবি
এক কপি পাসপোর্ট সাইজের
ইউনিফর্ম পরিহিত ছবি আ ই ক দি য়ে
লাগানোর ছবি ও ফর্ম মিলে
অথবা কনইনচম্বল সত্যায়িত করতে
হবে যেনে চে হার টে কেনা যায়

Date:

To

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

Subject: **Application for B. Sc in Nursing/Post Basic B. Sc in Nursing/PHNR/Bachelor of Science in Midwifery (Post Basic) Registration.**

Dear Sir,

I request that, my name address, educational qualification 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/ Bachelor of Science in Midwifery (Post Basic). Bangladesh Nursing & Midwifery Council Act (ActNo.48of 2016).If I am admitted in the Register, I undertake 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)

Student Registration No.

Session: (Day) (Month) (Year)
 -

Registration fee

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

Personal Information

Full Name (Bangla) _____ Full Name (English) _____

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: Islam Hindu Buddhist Christian Others Marital Status: 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 _____

Comprehensive/Final/License Exam. Result (For Initial Registration)

<i>Examination Result for:</i>	<i>Date of Passing dd/mm/yyyy</i>	<i>Score Obtained/Results</i>
Diplomain 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 in 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 Health Facility Educational Institution Other (Tick) 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 applicants in their application must correspond with their SSC certificate.
3. Application must have signed by Principal or 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 In-charge of the respective College/Institute. Photo must be attached with aica gum. (Photo must be matt paper, lab print & light color).
7. When registered, he/she will have to abide by the existing rules and regulations of the Council or 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 offering specific box.
12. Application must be forwarded by the Principal/Instructor In-charge.
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.....License Registration No.....

Passed from College/Institute.....

Now working.....

Registered Nurse-Midwife/here by declared that, I shall act 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: