



Bangladesh Nursing & Midwifery Council

Student Registration Form

..... এখানে কোর্সের নামের সীলমোহর

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

Personal Information

| | | | | | | | | | | | |
|---|---|-----------------------------|--|----------------------|----------------------|----------------------|----------------------|-------|---------|--------|--|
| Name (Bangla) | _____ | Full Name (English) | _____ | | | | | | | | |
| | | (Capital Letter) | | | | | | | | | |
| Father's Name (English) | _____ | Mother's Name (English) | _____ | | | | | | | | |
| Sex (Tick) | Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>(Day)</td><td>(Month)</td><td colspan="2">(Year)</td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | (Day) | (Month) | (Year) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | |
| (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 | Bangladeshi | | | | | | | | |
| Religion (Tick) | Islam, Hindu, Buddhist, Christian, Others | (* Marital Status (Tick) | Single, Married, Widow, Divorced, Separated | | | | | | | | |
| E-mail Address | _____ | Student's Mobile No. | _____ | | | | | | | | |

Present Address

| | | |
|--------------------|-------|-------|
| Village/House/Road | _____ | _____ |
| District | _____ | _____ |
| Post Office | _____ | _____ |
| | _____ | _____ |

Permanent Address

| | | |
|--------------------|-------|-------|
| Village/House/Road | _____ | _____ |
| District | _____ | _____ |
| Post Office | _____ | _____ |
| | _____ | _____ |

অপর পাতার দৃষ্টব্য (এ পিঠ)

Student Registration Information

Program/Course Title Community Paramedic **Length of Program/Course** 2 Year's

Session - **Date of Admission** _____
 (Year) (Year)

Name of Institution /College/ University Prokass Medical Institute

Program/Course Starting Date **Program/Course Completion Date**
 (Day) (Month) (Year) (Day) (Month) (Year)

Registration fees Tk. **Bank Draft No. Date.**

Educational Qualification

| Level of Education | School/ Institution / College | Roll | Registration No | Class /CGPA | Year | Board/ University | Country |
|---|-------------------------------|------|-----------------|-------------|------|-------------------|-------------------|
| SSC/Equivalent | | | | | | | Bangladesh |
| HSC/Equivalent | | | | | | | |
| Diploma in Nursing /Diploma in Nursing Science | | | | | | | |
| ↓ | | | | | | | |
| Diploma in Nursing -3 yrs. <input type="checkbox"/> | | | | | | | |
| Diploma in Midwifery -1 yr. <input type="checkbox"/> | | | | | | | |
| Diploma in Midwifery -3 yrs. <input type="checkbox"/> | | | | | | | |
| Diploma in Orthopedic -1 yr. <input type="checkbox"/> | | | | | | | |
| Diploma in Nursing Science & Midwifery / Orthopedic-4 yrs. <input type="checkbox"/> | | | | | | | |
| Diploma in Nursing Science & Midwifery-3 yrs. <input type="checkbox"/> | | | | | | | |
| Diploma in Cardiac Nursing-1 yr. <input type="checkbox"/> | | | | | | | |
| Diploma in Paediatric Nursing-1 yr. <input type="checkbox"/> | | | | | | | |
| Others / NA <input type="checkbox"/> | | | | | | | |
| Bachelor's Degree | | | | | | | |
| ↓ | | | | | | | |
| B.Sc. in Nursing-4 yrs. <input type="checkbox"/> | | | | | | | |
| B.Sc. in Nursing (Post Basic)-2 yrs. <input type="checkbox"/> | | | | | | | |
| B.Sc. in Public Health Nursing-(Post basic)-2 yrs. <input type="checkbox"/> | | | | | | | |
| Others <input type="checkbox"/> | | | | | | | |
| NA <input type="checkbox"/> | | | | | | | |
| Masters | | | | | | | |
| ↓ | | | | | | | |
| M. Sc. Nursing- 2 yrs <input type="checkbox"/> | | | | | | | |
| MPH- 1 yr <input type="checkbox"/> | | | | | | | |
| NA <input type="checkbox"/> | | | | | | | |
| Doctorate | | | | | | | |
| Other's: Community Paramedic | | | | | | | |

BNMC Use Only

| | | | | | | | | | | |
|--|-----------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|
| Student's ID No. | Session: | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value="-"/> | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Program/Course Title: Community Paramedic | | | | | | | | | | |
| Date of ID Issues: | | | | | | | | | | |