ডিজিএনএম এর পিএমআইএস এ ডাটা সন্নিবেশনের জন্য নমুনা ছক

# Directorate General of Nursing & Midwifery
# Data Collection Tool

Photo

**Place of posting:**_____ **District:**_____

## General Information

*BNC Registration No.:*

*National ID No.:*

## Personal Information

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

*Sex (Tick)*    Male ☐   Female ☐          *Passport Number*

*Father's Name* _____          *Mother's Name* _____

*Date of Birth*   ☐☐  ☐☐  ☐☐☐☐          *Birth Place (District)* _____
(Day)  (Month)   (Year)

*Religion (Tick)*   | I | Hi | Bu | Ch | O |          *Marital Status (Tick)*   | S | M | W | D | Se |

**I**=Islam, **Hi**=Hindu, **Bu**=Buddhist, **Ch**=Christian, **O**=Others

**S**=Single, **M**=Married, **W**=Widow, **D**=Divorced, **Se**=Separated

*Mobile Number*                    E-mail Address

## Official Information

*BPSC Merit No./Sl No*                    *BPSC registration No:*

*Specialty posting:*

e.g.: ICU/ CCU/ Cardiovascular/ Child/ Psychiatric nursing ect.

## Mailing Addresses

|  | *Present* | *Permanent* |
|---|---|---|
| *Village/House/Road* |  |  |
| *Division* |  |  |
| *District* |  |  |
| *Thana/Upazilla* |  |  |
| *Post Office* |  |  |
| *Postal Code* |  |  |

<u>বিঃ দ্রঃ</u>
ফর্মের প্রথমেই বর্তমান কর্মস্থলের নাম এবং কর্মস্থলের জেলার নাম লিখতে হবে। যে সব জায়গায় (Tick) লেখা আছে সে সব স্থানে সঠিক অপশনে টিক চিহ্ন দিতে হবে।

ডিসিটি ফর্মের কোন বিষয় না বুঝলে সরাসরি ফোন করুনঃ ০১৭১৬৬৪৩৬৮৯ (ডিজিএনএম এর পক্ষে মোঃ মাহবুবুর রহমান, আইটি স্পেশালিস্ট, এইচআরএইচ প্রজেক্ট ইন বাংলাদেশ)

## General Educational Qualification

| Level of Education (Please tick your desired option) | Board | Division/CGPA | Year | Country |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| SSC/ O Level/ Dakhil/ Equivalent | | | | |
| HSC/ A Level/ Alim/ Equivalent | | | | |

## Professional Educational Qualification

| Level of Education (Please tick your desired option) | Institute/College/University | Division/Class/CGPA | Year | Country |
|---|---|---|---|---|
| Diploma in Nursing/ Midwifery/ Orthopedic<br><br>If others, specify:_____ | | | | |
| B.Sc in Nursing (Basic)/ B.Sc in Nursing (Post-Basic)/ B.Sc in Nursing/ Public Health Nursing | | | | |
| Masters if any, please specify:_____ | | | | |

## BNMC Registration Information

| Type of Registration (Please tick your desired option) | Reg. Number | First Issue Date dd/mm/yyyy | Last Renewal Date dd/mm/yyyy |
|---|---|---|---|
| Diploma in Nursing / Diploma in Nursing Science & Midwifery | | / / | / / |
| Diploma in Midwifery | | / / | / / |
| B.Sc in Nursing (Basic) | | / / | / / |
| B.Sc in Nursing/Public Health Nursing | | / / | / / |
| Specialty (Specify):_____ | | / / | / / |

BNMC Registration Information টেবিলে বিএনএমসি থেকে বিভিন্ন বিষয়ের উপর প্রাপ্ত রেজিস্ট্রেশন নাম্বার, ইস্যু এবং নবায়নের তারিখ লিখতে হবে।

## Service Particulars

Date of Appointment   0 8 (Day)   1 2 (Month)   2 0 1 6 (Year)

G.O. No. of Appointment   45.158.011.00.00.023.2016-508

Date of Joining   1 5 (Day)   1 2 (Month)   2 0 1 6 (Year)

G.O. No. of Joining   _____

| Designation | Workplace Category** | Name of workplace & District Name | Pay Scale | Basic Pay |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| SSN= Senior Staff Nurse | | | 16000-38000 (Grade-10) | 16000 |
| **Workplace Category | MCH=Medical College Hospital, MI=Medical Institute, H=Hospital & District Hospital, DC= Dental College, DDHO= Divisional Director Health Office, CSO=Civil Surgeon Office, CDC=Chest Diseases Clinic, NI=Nursing Institute, NI=Nursing College, MFPC= Model Family Planning Clinic, UHC=Upazilla Health Complex, RHC= Rural Health Complex, USC=Union Sub Center | | | |

_____
Signature of Employee

Date: 15 December 2016