



Bangladesh Nursing & Midwifery Council

অফিস কর্তৃক পূরণীয়

সরবরাহঃ (✓ টিক চিহ্ন দিন)	আর্জেন্ট	নরমাণ	SL No.	গৃহীত টাকাঃ	
Bank Draft/ Pay order/ Slip No. Date:				রশিদ নং-	
				তারিখঃ	
কর্মকর্তার স্বাক্ষরঃ					

Date of Application

Registration No. / /

Date of Expiry

Need for Renewal up to

To
Registrar
Bangladesh Nursing & Midwifery Council.

Subject: Application for the Renewal of Registration.

Dear Sir/ Madam,

I would like to request you to respond the questionnaire for the renewal of registration which is important for collecting up-to-date data for strengthening the nursing education and services in Bangladesh.

Demographic information

SL.	Particulars	Detail
1	Name (Capital Letter/বড় হাতের অক্ষর):	
2	National ID No.	
3	Date of Birth (Current age):	
4	Religion:	
5	Sex:	
6.	Currently working place (Government/Nongovernment):	
7.	Current position	
8.	Working years as a registered Nurse/Midwife/ Others. :	
9.	Qualifications, Passing Year & Institutes Name:	
a)	SSC	
b)	HSC	
c)	Diploma in Nursing/ Dip. Nursing Science & Midwifery	
d)	Diploma in Midwifery (1 Yr/3 Yrs)	
e)	B. Sc in Nursing (4 Yrs/2 Yrs)	
f)	MPH/ MSN	
10.	Training:	
11	Attendance in Seminar/ Symposium/Workshop/Case Presentation/ Meeting	
12	Research Publications/ Other skills:	

Informative Questionnaire:

Please tick (✓) in the appropriate box:

- | | | |
|--|-----|----|
| 13. (a) I am satisfied with my Job..... | Yes | No |
| (b) If not give the reasons. | | |
| 14. Before starting my work I exchange my greetings with the patients | Yes | No |
| 15. I own my responsibility as one of the Medical Team Members | Yes | No |
| 16. I am interested to act as a nurse teacher in my working situation | Yes | No |
| 17. I am aware of my working area, delegated authority & responsibilities | Yes | No |
| 18. I am aware of prescribed code of conduct & ethics of Bangladesh Nursing Council | Yes | No |
| 19. In Bangladesh most of the basic nursing activities are performed by patients' attendance | Yes | No |
| 20. Every day I do my work through nursing care plan | Yes | No |
| 21. I always try my best level to treat the patients equally in terms of race, religion, gender, age, nationality & economical class | Yes | No |
| 22. I am aware of functions of Bangladesh Nursing Council | Yes | No |
| 23. I always wear my professional Uniform as approved by the Govt. of Bangladesh | Yes | No |
| 24. I feel the present existing system of Registration & Renewal should be digitalized | Yes | No |
| 25. I feel there should be provision of examination system for Registration Renewal in Bangladesh like other countries | Yes | No |
| 26. I know the number of registered nurses, nursing institutions & colleges | Yes | No |
| 27. Please give your valuable suggestions/ Comments: | | |

Permanent Address (Capital Letter/বড় হাতের অক্ষর): Signature . .

Father's Name:

Mother's Name:

Mobile Phone No. .

Vill:

E-mail ID:.. .

Post:

Upazila:

Seal (with Name, Designation, Working Place,
Upazila, District)

District: