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| **RESUME FORM** |
| **List of Employees working at the Name………………… of Private………………………. (……... Year)** |
| **Sr.** | **Name** | **Education\*** | **Responsible Personnel\*\*** | **Type of Health Care Provider\*\*\*** | **Sa Ma/Tha Kha No. Nurse/Midwife License No. and** **Expiry Date \*\*\*\*** | **Duty Assignment (Part Time/ Full Time)** | **If Government Staff – Occupation/ Department** |
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| \* For Education, attach copy of Graduation Certificate/ Exam Pass Certificate  |
| \*\* Responsible Personnel – The person who establish the private health service business, Supervisor or Administrator  |
| \*\*\* Type of Health Care Provider – Specialist /Doctor/Nurse/Midwife/Para- Medic/Laboratory Technician/ Radiologist, etc.  |
| \*\*\*\* attach copy of Sa Ma/Tha Kha License and Nurse/Midwife License  |