

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

* 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