

PARTICULARS OF MEMBERS OF GHANA REGISTERED NURSES' ASSOCIATION

SURNAME:
FIRST NAME: TITLE(DR,MRS,MISS,REV)
MIDDLE NAME:
UNIT:
RANK:
DATE OF BIRTH:
DATE FIRST APPOINTMENT:
DATE OF APPOINTMENT TO PRESENT RANK:
DATE OF RETIREMENT:
CERTIFICATE NO(FIRST LEVEL REGISTRATION):PIN:
STAFF NUMBER:
PAYROLL NUMBER:
BANKERS:.....
SOCIAL SECURITY NUMBER:
PRESENT STATION:
HOMETOWN:
RELIGION:
MARITAL STATUS: married Single: Divorced Widow(er)
NAME OF SPOUSE(IF ANY) :
NUMBER OD SPOUSE: (IF ANY):
NUMBER OF CHILDREN(IF ANY) :
NAME OF CHILDREN:
NEXT OF KIN.....RELATIONSHIP:
PERMANENT ADDRESS OF NEXT OF KIN:
PLACE OF RESIDENCE:
DATE OF POSITING TO CURRENT REGION:
ACADEMIC/PROF. QUALIFICATION:
NO OF YEARS OF SERVICE:
LIFE MEMEBERSHIP STATUS WITH GRNA(FOR RETIREES ONLY) YES NO
OTHER QUALIFICATION:
SIGNATURE:
DATE:

