

Shahabuddin Medical College

House No -12, Road no-113/A, Gulshan -2, Dhaka-1212, Bangladesh

Phone: 9862593-4, 9863387-8, Fax: 88-02-8860572

Website: www.shahabuddinmedical.org.

APPLICATION FORM FOR ADMISSION INTO 1ST YEAR MBBS COURSE

SESSION:

1. Name:

First Name Middle Name Last Name Other Name

Date of Birth

Day Month

Year Place of Birth

Citizenship

Male Female

Married

Single

Please affix a
passport size
Photograph
here

2. Parent's Detail:

Father's Name

Occupation

Mother's Name

Occupation

Special information

3. Mailing Address

House # Holding #

Street / Road

Area/Village P.S/City

District / State

Post Code

Country

Home Phone

Parent's Work Phone

Other

4. Permanent Address:

House # Holding #

Street / Road

Area/Village P.S/City

District / State

Post Code

Country

Home Phone

Parent's Work Phone

Other

5. Are you a Dependent

Yes

No

Name and Address of person who will be paying your tuition and other fees:

Name

Mailing Address:

Home Phone

Parent's Work Phone

Other

Relationship with applicant: _____

6. Have you ever been dismissed, suspended or expelled from any institution?

Yes

No

If yes, Described briefly or attach a statement

7 Academic Quantification:

I. SSC/O Level/10th Grade

Institute

Year

Address

Board

Subjects

Total Marks/GPA

Division/Grade

II. HSC/A Level/12th Grade

Institute

Year

Address

Board

Subjects

Marks in Biology (Theo+Practical)

Division/Grade

Total Marks/GPA Division/Grade

8. Merit Scholarship, Other Academic Honors and Awards.

9. Bond From the Student and Guardian:

STUDENT'S

I hereby declare that at the time of admission or during my stay in this college if any documents submitted by me such as marks sheets, testimonials, certificates etc. are detected false, my admission will be cancelled and I shall be liable to be expelled from the college by the college authorities.

I also, hereby declare that as a student of Shahabuddin Medical College. I shall abide by the rules and regulations of the college. I will refrain from any activities that may tarnish the image and credibility of the college or unbecoming of a student. I fully comprehend in sound mind that. I am liable to be expelled from the college for any misconduct as understood by the college authorities.

Dated

Student's Signature

Full Name