



## 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 Shahab Uddin 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

### FATHER / GUARDIAN'S

I, hereby declare that if any documents submitted by me/my ward such as marks sheets, testimonials, certificates etc which are detected false, the college authority shall have the right to cancel and expel my son/daughter from the college on this ground.

I also hereby declare that the Shahab Uddin Medical College authority shall have the option of taking any disciplinary action including expulsion from the college against my ward for any misconduct on his/her behalf which is in contravention of the rules and regulations of the college.

Dated

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Full Name



## Shahab Uddin Medical College

House No-12, Road No-113/A Gulshan-2, Dhaka-1212 Bangladesh  
Phone : 9862593, 9862594

### Identity Card for the Admission Test of 1st year MBBS Course.

Session: \_\_\_\_\_ Test Pass No. \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_

Examination Date : \_\_\_\_\_ Time : \_\_\_\_\_

\_\_\_\_\_  
Student's Signature :

Please affix  
a passport  
size  
photograph  
here

Official's Sign :

Designation :