

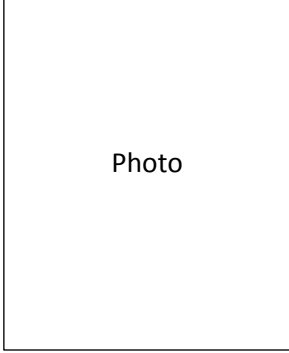


BANGLADESH MEDICAL COLLEGE

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Photo



SL No:

APPLICATION FORM FOR MBBS ADMISSION

Session: 20 -20

Roll No : Test Score : Merit Score: Merit Position:

Name of Candidate:

(In Capital letters as that of SSC Certificate)

Father's Name:

Mother's Name:

Local Guardian's Name:

Date of Birth:

Address for Communication:

.....

Phone.....Mobile.....

Guardian's Occupation:Annual Income: Tk.....

Examination:

EXAM	YEAR	BOARD	TOTAL GPA	GPA without 4 th Subject
SSC/O level/Equivalent				
HSC/A Level/Equivalent				
Other				

Signature of Father/Mother/Guardian (✓ One)

Signature of the Candidate

Following documents must be attached with this application form

(Failing which the applicant will not be considered for admission test)

1. Photocopy of admit Card (admission Test)
2. Result Sheet of Admission Test.
3. Admission process fee receipt. (Money Receipt)
4. 2 PP Size Photograph (Same as admit card)

APPLICATION FORM RECEIPT

Roll No : Test Score : Merit Score: Merit Position:

Name of Candidate :

Father's Name:

Mother's Name:

Address of Communication:

Date:

Senior Academic Assistant