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The State Medical Faculty of Bangladesh

203, Shahid Sayed Nazrul Islam Sarani (86, Bijoy Nagar), Dhaka-1000

REGISTRATION FORM

Apply for Student registration, who has admitted in a recognized and approved Medical Technology Institute/Medical Assistant Training School.

N. B: This form must be filled up by the candidate correctly according to SSC certificate.

1. Name of the Student in Bengali :
- English (Capital letters) :
2. Father's Name in Bengali :
- English (Capital letters) :
3. Mother's Name in Bengali :
- English (Capital letters) :
4. Guardian's Name:..... Relationship:.....
5. Permanent Address: Village:..... Post office:.....
- Police Station:..... District:..... Post Code:.....
6. Present Address:
7. Nationality :..... Religion:
8. Date of Birth:..... Date of admission:.....
9. Age on the 1st January of the year of admission:.....
10. Name of the Institute in which he/she has admitted:.....
11. Name of Course: IHT/MATS/MLOP/CHW (Make Tick Marks):.....
12. Education Qualification:

Exam	Group	G.P.A	Year of Passing	Board
S. S. C				
H. S. C (Only for SIT group)				

13. IHT&MATS Admission Test Result: Roll No Test Score

I hereby certify that above particulars are true to my knowledge.

Signature of the Applicant

Signature and Seal of the
Head of the Institute

Registration No:
Session:

Secretary

The State Medical Faculty of Bangladesh