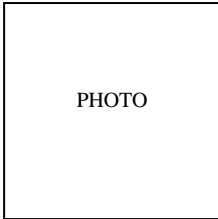




APPLICATION FORM FOR FOREIGN STUDENTS
(Seeking admission on self financed scheme)
in
JAHURUL ISLAM MEDICAL COLLEGE
BHAGALPUR, BAJITPUR, KISHOREGONJ, BANGLADESH



(To be filled in by the candidate in block letters)

1. Full Name of the Student (Male / Female)
2. Father's Name.....
3. Mother's Name.....
4. Permanent Address
-
5. Present Address
-
6. Telephone No. (with code)
7. E-mail
8. Date of Birth
9. Religion
10. Nationality
11. Marital Status
12. Passport No
13. Nationality Identity Card No
14. Name of the Legal Guardian
15. Nationality of the Legal Guardian
16. Address of the Legal Guardian
17. Name, address, telephone no. and E-mail of the person to be notified in case of emergency
 - a) In Bangladesh (if any)
 -
 - b) In the country of Domicile
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18. Have you applied for admission in any Bangladeshi Educational Institute earlier?

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19. If Yes, mention year, institute and decision

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20. Name of the course for which admission is sought.....

21. Education: Beginning with Matriculation/ Secondary School Certificate or its equivalent examination. (Copies of Certificates and Mark Sheets attested by the Ministry of Foreign Affairs are to be enclosed)

Name of the Examination	Name of the Institute	Year of Passing	Subjects	Name of the Board / Certificate Issuing Authority
SSC / Equivalent 10 th class				
HSC / Equivalent 12 th class				

22. Declaration:

I hereby declare that the particulars given above are true to the best of my knowledge and belief, that I have made satisfactory arrangements for regular supply of funds for my expenditure in Bangladesh, and that I shall return to my country of domicile after completion or discontinuation of studies in Bangladesh.

I further declare that I shall fully abide by the rules and regulations of the institution and any decision of the authority of the institution to which I may be admitted.

Signature of the Parents/ Legal Guardian

Signature of the applicant

Name :

Dated :

Relationship with the applicant: