



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়
Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka-1000, Bangladesh

Photograph-PP Size
(Attested by the Course
Co-ordinator/
Course Director/Head of
the Dept./Chairman/
Principal/Director)

Exam. Roll No.....
(To be filled in by the Controller's Office)

**APPLICATION FORM FOR THE EXAMINATION OF JULY-2021
(FOR NON-RESIDENCY/RESIDENCY PROGRAM COURSEOUT CANDIDATES)**

**Application must be submitted as per notified date together with the requisite fees.
Incomplete applications will not be accepted.**

To
The Controller of Examinations,
BSMMU, Dhaka-1000.

Sir,
I request permission to appear at the ensuing MD/MS Phase-A/B, Year-1/2, MD/MS/M.PHIL/M.MED (Part- I/II/Final) /DIPLOMA Examination to be held in July-2021. I agree that in any matter arising out of my candidature at this Examination, I will accept the decision of the Syndicate or of any officer authorized to deal with the matter as final.

COURSE INFORMATION :

1. Course :2. Part/Phase.....3. Discipline :
4. Joining Session in the course: January/July 20.....
5. Last appeared Examination session: January/July.....6. Course out session: January/July.....
7. Registration/e-Registration Number :8. Registration/e-Registration session:.....
9. Regulations: Old New
(`√' as applicable)
10. Name of the University/Medical College/Dental College/Institute (Full Name) :
11. Appearing paper details (must be filled up) :
i: ii:
iii:
iv) Thesis & Thesis Defense/Dissertation (With Title):.....

PERSONAL INFORMATION :

1. বাংলায় নাম (পুরো নাম).....
Name of the Examinee(in full).....
(Block letters in English according to the SSC/equivalent certificate)
2. Mother's Name.....
3. Father's Name.....
4. Spouse Name.....
5. Present Address :
6. Permanent Address : Village.....P.O.
P.S. / Thana.....Dist.....Country.....Tel/Mobile Phone.....
7. Nationality : 8. Religion : 9. Sex :
10. Date of birth :

**To the best of my knowledge the
statements given above are true.**

.....
Examinee's signature & date

**CLEARANCE FROM REGISTRAR OFFICE, BSMMU
(ONLY FOR BSMMU EXAMINEES)**

Course & Tuition fees

Paid Not Paid
(`√' as applicable & `X' the other box)

.....
Signature & Seal
(AR/SO/AO, Registrar Office, BSMMU)

**Clearance from Chairman/Head, Course Director, Principal/Director,
& Dean of the Faculty for the candidate applied above is :**

ELIGIBLE

NOT ELIGIBLE

(`√' any one as applicable & cross the other box)

Chairman/Head

Course Director

Principal/Director

Dean of the Faculty

**DECLARATION
(FOR THESIS/DISSERTATION EXAMINEES)**

Thesis/Dissertation Title:.....
.....
.....

I hereby declare that this submission (Thesis) is my own work and that, to the best of my knowledge and belief, it contains no materials previously published or written by another person nor contains materials which, to a substantial extend, has been accepted for the award of any other Degree or Diploma of the university or other Institute for higher learning, except where due acknowledgement has been made in the text.

.....
Examinee's Full Name **Signature& date**

Certified that Dr.....has carried out the above mentioned Thesis/Dissertation work under my guidance/supervision. The work is up to my full satisfaction and is original one.

.....
Name of Guide/Supervisor **Signature& date**

- N.B:**1. All the particulars must be filled in by the Examinee and checked by the Chairman/Head, Course Director, Principal/Director& Dean of the Faculty and will be treated as final.
2. Any course requirement/Information provided by the Examinee in this from including admit card, whenever found to be false/inaccurate before or after examination or even after publication of result(s), the authority reserves theright to cancel that particular examination/published result(s) without assigning any reason whatsoever.
 3. **Necessary papers (attested copies) to be enclosed with the application:**
 - i) Two copies of recent passport size photographs.
 - ii) Copy of Registration/e-Registration card.
 - iii) Joining letter in the related part of the course.
 - iv) Deputation order (if applicable).
 - v) Copy of previous mark sheets/Result sheets.



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Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka-1000, Bangladesh

ADMIT CARD

EXAMINATION OF JULY-2021

Examination Roll No.....

(To be filled in by the Controller's Office)

1. Name of the Examinee (in full).....
(Block letters in English according to the SSC/equivalent certificate)
2. Mother's Name.....
3. Father's Name.....
4. Spouse Name.....
5. Course :.....Part/Phase.....
6. Discipline :.....
7. Registration/e-Registration Number & Session:.....
8. Joining Session in the course/Part:.....
9. Name of the University /Medical College /Dental College/Institute (Full Name):
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i: ii
iii: iv) Thesis & Thesis Defiance/Dissertation (With Title):.....

Photograph-PP Size
(Attested by the
Course
Co-ordinator /
Course Director/
Head of the Dept./
Chairman / Principal
/ Director)

Signature of the Examinee

Addl. Controller of Examinations
(Signature)

- N.B.:** 1. All the entries must be filled in by the Examinee himself/herself and will be treated as final.
2. The Photo of the Examinee must be attested by the Course Co-ordinator / Course Director/ Head of the Dept./ Chairman / Principal / Director.