

The Controller of Examinations,

To

বঙ্গবন্ধু শেখমুজিব মেডিক্যালবিশ্ববিদ্যালয়

BangabandhuSheikhMujibMedicalUniversity, Shahbag, Dhaka-1000, Bangladesh

Examination Roll No.....

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

ATTESTED PHOTO (by the Program Co-ordinator /Head of the Dept./ Chairman / Principal / Director)

APPLICATION FOR THE MPH EXAMINATION OF 1st SEMESTER/2nd SEMESTER/3rd SEMESTER/4th SEMESTER (Application must be submitted as per notified date with the requisite fees.Incomplete applications will not be accepted.)

Sir, I request permission to appear Course examination of MPH Program, Session: MPH PROGRAMINFORMATION (√as applicable &x the other box): 1st
1st Semester Retake Reta
Semester Semester Semester Semester Semester Regular Irregular Retake Retake Retake Retake 1. Name of the Program:
1. Name of the Program:
2. e-Registration Number:
2. e-Registration Number:
3. Name of theUniversity /Medical College /Institute (Full Name) :
1) 2) 3) 4) 5) 6) 5. Name of appearing courses in 2 nd Semester (according to SOP): 1) 2) 3) 4) 5) 6. Name of appearing courses in 3 nd Semester (according to SOP): 1) 2) 3) 4) 5) 7. Name of appearing courses in 4 th Semester (According to SOP) 1) 2) 3) 8. Whether debarred from appearing at University examination in previous session, if so, state the period of punishment, Session
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9. বাংলায়নাম (পুরো নাম)
Name of the Examinee(in full)(Block letters in English according to the SSC/equivalent certificate)
(Block letters in English according to the SSC/equivalent certificate)
10. Mother's Name
11. Father's Name
12. Spouse Name (if Married)
13. Present Address:
14. Permanent Address: Village:Post Office:
District
Phone
15. Nationality:
16. Date of birth according to the SSC/equivalent certificate:
To the best form of my Knowledge, the above statements given by me is true. I agree that in any 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.
CLEARANCE FROM REGISTRAR OFFICE, BSMMU
(ONLY FOR BSMMU EXAMINEES) Course & Tuition fees Signature of the Examinee
Paid Not Paid Date:
Signature & Seal (Respective Officer, Registrar Office, BSMMU)

Certificate of Course Examination of 1st/2nd/3rd/4thSemester CERTIFICATE

Session:	bearing examination roll n s true, Under the existing rules	o to the best of of Bangabandhu Sheikh Mujib ter. The examinee will beeligible	my knowledge, the statements given Medical University, the examinee shall to appear at the examination (Written,
Signature & Seal Program in charge	Sig	nature & Seal ram Coordinator	Signature & Seal Principal/Director/Chairman
Title of the Thesis:	*	Examination in 4 th Sen	nester
I hereby declare that the Thesi The results shall be embodied	s work is my own work. To the in this thesis have not been s	best of my knowledge, by thesis	s works is my own works and original. rd of any other degree or diploma or
Signature of the Examinee			
Date:	Cartificate for Thesis	Examination in 4 th Sem	octor.
Session:	bearing examination roll form is true. Under the existing tion of the 4 th semester. The st	no	best of my knowledge, the statements fujib Medical University, the examinee ination in 4 th semester after successful ting, Thesis Defense & Comprehensive
Signature & Seal Thesis Supervisor	Signature & Seal Program in charge	Signature & Seal Program Coordinator	Signature & Seal Principal/Director/Chairman
	Sign	ature & Seal ive and Social Medicine	

N.B:

- All the particulars must be filled in by the Examinee and checked by the Program In-charge.
- 2. Any information provided by the examinee in this form including admit card, whenever found to be false/inaccurate before or after examination or even after publication of results, the authority reserve the rights to cancel that particular examination /published results.
- 3. If any wrong/misleading information is found in any matter, the authority reserves the right to Cancel the Examination without assigning any reason whatsoever.
- 4. Necessary papers (attested copies) to be enclosed with the Application Form:
 - Two recent passport size photographs.
 - ii) Copy of Registration card/ e-Registration Card
 - iii) Joining Letter in the related semester of the program
 - iv) Deputation orders/Study leave (if applicable).
 - v) Copy of previous Mark sheets.



বঙ্গবন্ধু শেখমুজিব মেডিক্যালবিশ্ববিদ্যালয়

Bangabandhu Sheikh Mujib Medical University

Shahbag, Dhaka-1000, Bangladesh

ADMIT CARD

(To be filled by the Controller's Office)

	MPH Program	Session			
1.	Name of Examinee (In full):(Block letters in English according to the SSC/equivalent certific		ATTESTED PHOTO		
2.	Mother's Name:			(By the respective Program	
3.	Father's Name:		Co-ordinator		
4.	Spouse Name:			/Chairman/Head of	
5	Discipline			the Institutions)	
6.	Semester/ $1^{st}/2^{nd}/3^{rd}/4^{th}$ semester(\sqrt{as} applicable)				
7.	e-Registration No				
8.	Examinee's Status: Regular/Irregular (√as applicable)				
9.	Name of the University/Medical College College/Institute (Full				
10.	Appearing Courses details (must be filled up):				
1)					
3)		4)			
		6)			
7,5					
/)		0)			
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	ature of the Examinee		Controller of Examinations (Signature)		
N D.	All the entries must be filled in by the Examinee himself/hers	elf and will be treated			
N.D.	The Photo of the Examinee must be attested by the Chairman			rute/	
	Bangabandhu Sheikh Mu Shahbag, Dhaka-1	000, Bangladesh Examination Roll No			
	ADMIT	CARD	(To be filled by the	Controller's office)	
	MPH Program	Session			
1.	Name of Examinee (In full):				
	(Block letters in English according to the SSC/equivalent certification)		*	ATTESTED PHOTO	
2.	Mother's Name:			(By the respective Program	
3.	Father's Name:		······	Co-ordinator	
4.	Spouse Name:			/Chairman/Head of	
5	Discipline			the Institutions)	
6.	Semester/1 st /2 nd /3 rd /4 th semester (√as applicable)				_
7.	e-Registration No				
8.	Examinee's Status: Regular/Irregular (√as applicable)				
9.	Name of the University/Medical College College/Institute (Full				
				••••••	
10.	Appearing Courses details (must be filled up):	2)			
1).					
,		4)			
5)		6)			•
7)		8)			•
Signature of the Examinee		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 Chairman / Principal / Director / Head of the Institute/

Instructions to Examinees

- No Examinee will be allowed to enter into the examination hall without admit card duly issued by Controller's Office, BSMMU.
- 2. Examinees will have to know the examination schedule, venue and time at his own interest from the university website: www.bsmmu.ac.bd or notice board of Controller's Office, Block-B, BSMMU, Dhaka.
- The Examinees may carry the following items with him/her at the examination hall: pen, ink, pencil, geometry box, calculator, educational items etc.
- 4. Examinees will not be allowed to keep any books, notes, bags etc. with him/her at the examination hall.
- 5. Examinees shall abide by the instructions of the Hall-in-charge and Invigilators of the examination hall.
- 6. Examinees are directed to follow the instructions printed at the overleaf of the examination scripts.
- 7. No Examinee will be allowed to enter into the examination hall after 15 minutes of the examination starts.
- 8. Mobile phones & other electronic devices are not allowed in the examination hall and if found the examination will be cancelled.
- 9. Examinees should take their specific seats as per seating arrangement.
- 10. Disciplinary actions will be taken against the Examinees violating above rules at the examination hall.

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