



বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়  
Bangabandhu Sheikh Mujib Medical University

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APPLICATION FORM FOR REGISTRATION INTO PhD PROGRAM

1	Full name of the applicant in English (in capital letters)																																					
2	Status of the applicant (tick in given space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
		BSMMU applicant										Applicant from another Institution/country																										
3	Discipline / Department																																					
4	Father's/Husband's name																																					
5	Mother's name																																					
6	Date of birth (according to SSC or equivalent certificate)																																					
7	Permanent address																																					
8	Present address																																					
9	Mailing address (if different from the present address)																																					
10	Contact land phone number																																					
11	Mobile phone number																																					
12	E-mail address																																					
13	Nationality																																					
14	Educational qualifications (professional ones only)																																					
	<b>Qualification</b>	<b>Year</b>	<b>University/Institution</b>	<b>Division/Class/Distinction</b>																																		
i																																						
ii																																						
iii																																						
iv																																						
v																																						
vi																																						

15	Previous research experiences / publications  (mention titles of three main researches/ publications along with the places of research / references)   A complete list on separate papers may also be attached		Title	Place / reference
		i		
		ii		
		ii		
		i		
16	Present position			
17	Present engagement in research (if any)	a) Institution / organization		
		b) Date of Starting		
		c) Title of the research		
I hereby solemnly declare that the information provided above is true. If any false information is detected, the BSMMU authority reserves the right to cancel my registration. I also declare that the proposed protocol has not been produced partly or fully for the partial fulfillment of any other degree/fellowship or for any publication.				
Date:.....			(Signature of the applicant)	
18	Title of the proposed thesis research			
19	Place of research (institution of supervisor/ of a joint supervisor)			
20	Name(s) and designation(s) of the supervisor/ joint supervisors	a		
		b		
		c		
21	Titles of three major publications by the supervisor(s) as the 1 <sup>st</sup> author (along with references)   A complete list on separate papers may also be attached		Title	Reference
		i		
		ii		
		iii		



22	<b>Supervisor's / joint supervisors' two recent experiences</b> in supervising thesis / dissertations	a 1. <b>Title of the thesis / dissertation</b>	
		b 1. Name of the student	
		c 1. Degree / fellowship	
		d 1. University / other authority	
		a 2. <b>Title of the thesis / dissertation</b>	
		b 2. Name of the student	
		c 2. Degree / fellowship	
		d 2. University / other authority	

23	<p>Supervisor's recommendation:</p> <p><i>In my opinion, the proposed protocol meets the demands of a PhD programme at BSMMU and is satisfactory for a PhD thesis research. I hereby agree to supervise this thesis research.</i></p>			
	<table border="0"> <tr> <td style="width: 33%; vertical-align: top;">           a) _____ (Signature)  (Seal)         </td> <td style="width: 33%; vertical-align: top;">           b) _____ (Signature)  (Seal)         </td> <td style="width: 33%; vertical-align: top;">           c) _____ (Signature)  (Seal)         </td> </tr> </table>	a) _____ (Signature)  (Seal)	b) _____ (Signature)  (Seal)	c) _____ (Signature)  (Seal)
a) _____ (Signature)  (Seal)	b) _____ (Signature)  (Seal)	c) _____ (Signature)  (Seal)		

24	<b>For a BSMMU applicant</b>	<b>For an applicant from another Institution / Country</b>
	_____ (Signature of the Chairman of the Departmental Academic Committee)  (Seal)	_____ (Signature of the head of the respective department)  (Seal)  _____ (Signature of the head of the institution)  (Seal)

25	<p>Dean's recommendation / comments (please strike out as applicable):</p> <p style="text-align: center;"><b>I hereby recommend the application / I have the following comments on the application for being considered by the PhD Committee</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">_____ (Signature of the Dean of the respective faculty of BSMMU)</p> <p>(Seal)</p>
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**Please note that:**

1. Two copies of this application form [procurable from the office of the Deputy Registrar (Academic)] must be filled out and submitted to the same office.
2. Incomplete applications will not be entertained.
3. One attested copy of each of the following documents should be enclosed with each application form:
  - a) Passport size photograph,
  - b) SSC certificate,
  - c) Certificate of MBBS / BDS / equivalent degree.
  - d) All postgraduation certificates with valid BMDC recognitions,
  - e) Valid BMDC registration certificate with renewal.
4. Period of research work will be counted from the date of registration into the PhD programme.
5. Eight copies of the thesis research protocol (following a BSMMU-prescribed format) should also be enclosed.