



Dr. Sirajul Islam Medical College

12/3, New Circular Road, Moghbazar, Dhaka-1217, Tel: +88-02-9341887, 01969610422, E-mail: dr.simc11@gmail.com, Web: www.drsmc.com

FORM NO.

Admission 2017-2018

Must be completed by the Applicant

Quota	Please put <input checked="" type="checkbox"/>
General	
Freedom Fighter	
Poor and Merit	
Foreign	

PHOTOGRAPH

01. Name of the Candidate

In English (Use capital letters):

In Bangla:

02. Father's Details

Name: Cell:

Occupation: Designation: Organization:

03. Mother's Details

Name: Cell:

Occupation: Designation: Organization:

04. Legal Guardian's Details

Name: Relation: Cell:

Occupation: Designation: Organization:

05. Permanent Address

Post Office: Police Station: District: Country:

06. Mailing Address

Tel: Cell: E-mail:

07. Date of Birth 08. Place of Birth 09. Home District 10. Nationality

11. Academic Records

SSC/O-Level/Equivalent	Academic Transcript/Grad Point										Total GPA
Board:	Bangla	English	Math	Soc.Sc.	Religion	Physics	Chemistry	Biology	H.Math	GPA	
Year :											
HSC/A-Level/Equivalent											
Board:	Bangla	English	Chemistry	Physics	Biology	H.Math	GPA				
Year :											

12. DGHS National Admission Test Merit Position

13. DGHS National Admission Test Merit Score

14. DGHS National Admission Test Roll No.

15. DGHS National Admission Test Serial No.

16. Equivalent ID from DGHS:

Date:

Signature of the Applicant:

For office use only

DGHS National Admission Test Merit Position	<input type="text"/>	Batch: Dr.SIMC-07	Form No. <input type="text"/>
DGHS National Admission Test Merit Score	<input type="text"/>	Date:	Principal
DGHS National Admission Test Roll No.	<input type="text"/>		

Student copy

Name:
 DGHS Roll No.:
 Test Score:

Batch: Dr.SIMC-07 Form No.

Date: College Secretary