



# Dr. Sirajul Islam Medical College

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FORM NO.

## Admission 2020-2021

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: Village/Area

Post Office:  Police Station:  District:  Country:

### 06. Mailing Address: Village/Area

Post Office:  Police Station:  District:  Country:

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. Money Receipt/Payment information

### 16. Passport No.:

Date:

Signature of the Applicant:

### For office use only

DGHS National Admission Test Merit Position	<input type="text"/>	Batch: Dr.SIMC-10	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-10

Form No.

Date:

College Secretary