



ABDUL HAMID MEDICAL COLLEGE & HOSPITAL

Doctorbari, Jafrabad, Karimganj, Kishoreganj.
 Cell: 01711681660, Email: dr.nkhan@yahoo.com

2 Copies recent
 Passport size
 colour
 Photographs

Application for Admission

(USE BLOCK LETTERS ONLY)

Date: DD MM YYYY

Student ID No.

Application for admission in

Name of Course

Personal Details

Full Name : [Grid of 24 boxes for name entry]

[Grid for splitting name into First, Middle, and Last names]

First Name

Middle Name

Last Name

National ID : Blood Group:

Date of Birth : D D M M Y Y Y Y Place of Birth:

Country : Citizenship:

Sex : Male Female Marital Status: Married Unmarried

Religion : Nationality:

Contact No. : E-mail:

Father's Name :

Mother's Name :

Mailing Address : Holding: Street/Road: Area/Vill:

P.O.: Postal Code:

P.S.: Dist:

Permanent Address: Holding: Street/Road: Area/Vill:

P.O.: Postal Code:

P.S.: Dist:

Guardian's Annual Income:

Sponsor

Name : Relation:

Address :

Educational Information

Name of Examination	Name of Institution	Year of Passing	Board/University	GPA/Division /Class

Experience

Institution/Organization:

Address:

Position/Title: Period Employed:

Declaration of the applicant

I, do hereby, declare that if admitted to Abdul Hamid Medical College & Hospital (AHMCH), I will be bound to abide by the rules and regulations of the College. I also, certify that the information provided in the application form is true and complete. I am aware that withholding information requested in this application will make me ineligible for admission to AHMCH, and will render me liable for dismissal and forfeiture of financial payment and academic credits in Abdul Hamid Medical College & Hospital.

Signature of the Applicant

Date:

Full Name

Declaration of the Sponsor

By signing means, I am responsible to pay all fees to Abdul Hamid Medical College & Hospital; and for any outstanding payment, the College authority shall not allow my _____ to seat for any examination or may not issue any Certificate/ Transcript or can take any legal action against me.

Signature of the Sponsor

Date:

Full Name

For AHMCH Use only

Test Scores: AHMCH Admission Test : Score based on SSC & HSC or equivalent exam GPA:

Admission officer	Head of The Department	Administrative Officer
Comment :	Comment :	Comment :
Student's ID:		Location:
Sign:	Sign:	Sign:

Application Check List

Use the following check list to ensure that your application package is complete.

Applicant must Submit:

- | | |
|---|---|
| <input type="checkbox"/> Complete Application for Admission | <input type="checkbox"/> Official Copy of SSC Transcript |
| <input type="checkbox"/> 3 Passport size colour photographs | <input type="checkbox"/> Official Copy of HSC Certificate |
| <input type="checkbox"/> Admission Fee | <input type="checkbox"/> Official Copy of HSC Transcript |
| <input type="checkbox"/> Official Copy of SSC Certificate | <input type="checkbox"/> Official Copies of other Certificates, Transcripts |

Signature of Applicant