

Government of the People's Republic of Bangladesh

Passport size
photograph of
the Applicant



Application form for Foreign Students seeking Admission in Medical/Dental Colleges in Bangladesh

To be filled in by the Ministry of Health & Family Welfare:

- A. Application number:
- B. Academic Year:
- C. Country of Origin:
- D. Subject for proposed study:
- E. Date of receipt of Application:
- F. Application incomplete for want of:
 - a)
 - b)
 - c)
- G. Not eligible because:
 - a)
 - b)
 - c)
- H. Recommendation of the Bangladesh Ministry of Foreign affairs (in respect of countries with which Bangladesh has bilateral cultural agreements) :
- I. Educational institutions to which application may be referred:
 - a)
 - b)
 - c)

Instructions:

1. As far as possible the entries, except the signature should be typed.
2. Separate Sheets together with appropriate item may be attached if space provided is found insufficient.
3. Applications are to be submitted in triplicate to the Ministry of Health & Family Welfare, Govt. of the People's Republic of Bangladesh through the Bangladesh diplomatic representative in the country of the candidate's domicile. If the proposed admission is in pursuance of an agreement between the Govt. of Bangladesh & the Govt. of applicant's country or domicile, the application has to be routed through the Ministry of Foreign Affairs of that country of domicile.
4. All certificates and mark-sheets essentially be attested by the Foreign Ministry of the respective countries of the candidates' without which no application will be entertained.
5. The applicant must enclose a receipt/information of non-refundable Telegraphic Transfer (T. T) of US\$ 70 or BDT 6,000/-

1. Full name of the Candidate (all in block letters):
Mr./Miss/Mrs
2. Father's Name:
3. Mother's Name:
4. Full address to which communication may be sent
5. Date, Place & Country of Birth
6. a) Place & Country of domicile
b) Nationality
c) Number and Date of Passport or any other travel
Document, if any, held by the applicant :
d) Student's Mobile number and E-mail Address :
.....
a) Name of legal guardian
b) Nationality of legal guardian
c) Address of legal guardian
6. Name and address of person to be notified in case of emergency:
a) In Bangladesh
.....
.....
b) In the country of domicile:
.....
.....
.....
7. a) Have you applied for admission in an educational institution in Bangladesh earlier?
.....
b) If yes, give year and decision, if any, communicated to you:
.....
8. Name of the course to which admission is sought:
(Note: A candidate who desires to be considered for more than one course should submit
separate application for each course)
9. Name of institutions (in order of preference) to which admission is desired:
1)
.....
2)
.....
3)
.....



10. Education: Beginning with Matriculation/SSC or equivalent examination (Copy of Certificates and Mark sheets to be enclosed):

Sl No.	Examination	Year of Passing	Subjects Taken	Name of Degree/ Certificate obtained

11. Examination, if any, which the candidate proposes to take between now and October next, the passing of which will qualify the candidate for admission to the course applied for

Sl. No.	Examination	Date on which examination will take place	Subjects	Approximate date of Result

12. Proficiency of Language:

Language	Reading			Writing			Speaking		

13. Proposed mode of financing study:

(Please put "Tick Mark", as possible)

- a) Own funds :
- b) Scholarship awarded by candidate's own Government :
- c) Scholarship to be awarded by Bangladeshi Government :
- d) Any other (Please specify):

Declaration:

I, hereby, declare that particulars given above are true to the best of my knowledge and belief, that I have made satisfactory arrangements for regular supply of funds for my expenditure in Bangladesh and that I shall return to my country of domicile after completion or discontinuation of studies in Bangladesh. I further declare that I shall abide fully by the rules and regulations of the institution and any decision of the Authority of the institution to which I may be admitted.

Signature

Signature of Parent/ Legal Guardian

