



SHAH MOKHDUM MEDICAL COLLEGE

Khorkhori, Boalia, Rajshahi-6204, Cell : 01856 - 473630, 01711- 415263

E-mail: smmcbd@gmail.com www.smmcbd.com

APPLICATION FORM

For Admission in 1st Year MBBS Course
Session: 20 -20

Photo

Application SL. No.

Date :

- Name In English (Block Letter) :
(In Bengali) : Mobile No:.....
- Father's Name : Occupation : Mobile No:.....
- Mother's Name:..... Occupation : Mobile No:.....
- Monthly income of the family:
- Address (Present) : Vill : P.O..... P.S..... Dist:.....
(Permanent): Vill : P.O..... P.S..... Dist:.....
- Date of Birth :
- Address of the Local Guardian Vill : P.O..... P.S..... Dist:.....
Occupation:..... Mobile No:..... E-Mail:.....
- Academic Qualification:

Examination Passed	Institution	Board	Year of Passing	G.P.A	Grade Point		
					Physics	Chemistry	Biology
S.S.C or equivalent							
H.S.C or equivalent							

- Examination Center:.....
- Roll No:..... College Code:..... Reg. No:.....
- Position of Merit List :
- Score:

S.S.C	H.S.C	TOTAL	ADMISSION TEST	G. TOTAL

13. I declare that I shall bear all the expenses of my word

Signature of Guardian

14. I hereby solemnly, affirm that the information & documents submitted along with this application are true and this application is liable to be cancelled if any information/documents found incorrect or false. I will also abide by all the Rules & Regulations of this Medical College.

Signature of Applicant