



Office of the Principal
Mymensingh Medical College, Mymensingh
website: www.mmc.gov.bd; email: mmc@ac.dghs.gov.bd
Management Automation Programme

Student's Information form

For undergraduate student

Phone: +8809166063
Fax: +8809166064

Passport size recent
color photograph
(Attach with glue)

(Please fill up the form with block letters according to DU/BSMMU registration from)

1. Admission date : ____ / ____ / ____ ; Session:; Batch: M-
2. Class roll:; National merit (admission Test):; DU/BSMMU Reg. no:
3. Student's name:; Sex: Male Female
4. Father's name:; Profession:
5. Mother's name:; Profession:
6. Guardian name:; Relation with student:
7. Yearly family income (optional):
8. Date of birth: ____ / ____ / ____ Blood group: 9. Religion: Islam Hindu Christian Others
10. Permanent address: Vill/ town:; P.o/ Ps:; Dist:; Country:; Contact no:
11. Nationality: Quota (for foreign student): SAARC Non SAARC
12. Address for correspondence:; Contact no:

13. Educational qualification:

Sl	Name of exam	Passing year	Board	Grade	GPA
1.					
2.					

14. Scholarship: Education board: Talent pool General Grade None Others:

Student's mobile number:

Date:

Student's signature

● Attach mark sheets of all professional examination (if applicable)