

বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয় Bangladesh Medical University

শাহবাগ, ঢাকা-১০০০

To		Date:/
Registrar		
Bangladesh Medical University	ersit	У
Shahbag, Dhaka-1000.		
Subject: Application for cre	eatin	ng an Institutional E-mail ID (Phase-B, Resident).
Dear Sir,		
I need an institutional E-M	Iail	ID. Here are the details.
Name	:	
Department	:	
Year of Admission	:	(Phase-A) (Phase-B)
e-Registration No	:	
IRB Registration No	:	IRB Clearance Date:/
*Proposed E-Mail ID	:	@bsmmu.edu.bd
*Alternate E-Mail ID	:	@bsmmu.edu.bd
Current E-Mail ID	:	
Contact Number	:	
• BMU authorities will not	be re	Follows Google Cloud Server and G-suite for Education policy. esponsible for any change in Google's usage policy. ee of domain ID and terms & conditions provided by BMU.
Resident Signature with	Date	(Signature & Seal) Head of the Department

Attachments:

- e-Registration Card
- IRB Clearance Certificate.
- * Resident should follow the below mentioned structure for Proposed and Alternate E-Mail ID.

Example: x.r20@bsmmu.edu.bd

Here, x = Resident's proposed or alternate ID;

r = r is for Resident;

20 = 20 is for Phase-A admission session's last two digits.