



# বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়

Bangladesh Medical University

শাহবাগ, ঢাকা-১০০০।

## ID Card Application Form (Permanent Doctors & Staffs)

Passport Size  
Photos  
(1 Copy)

Date:     /     /

To

The Registrar

Bangladesh Medical University

**Subject: Application for an ID Card.**

Sir,

With due respect and humble submission, I would like to state that I'm a Permanent/Regular Teacher/Consultant/Medical Officer/Officer/Nurse/Staff of this University. I am providing the necessary information below for the purpose of obtaining an ID Card.

**Applicant Name** : \_\_\_\_\_  
(CAPITAL LETTERS)  
**Designation** : \_\_\_\_\_  
**Department/Office** : \_\_\_\_\_  
**Blood Group** : \_\_\_\_\_  
**Phone Number** : \_\_\_\_\_  
**Emergency Phone Number** : \_\_\_\_\_  
**National ID No** : \_\_\_\_\_  
**Driving License No (If any)** : \_\_\_\_\_  
**Old ID Card Number** : \_\_\_\_\_

### To be filled by the office

**New ID Card Number** : \_\_\_\_\_

### **Enclosure:**

1. Old ID Card Photocopy 01 (One) Copy.
2. Office Order Of Permanent (If applicable).
3. Office Order Of Promotion (If applicable).

\_\_\_\_\_  
Signature & Date of Applicant

\_\_\_\_\_  
Signature & Date (with seal)  
Chairman of the Department/Head of the Office