



বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়

Bangladesh Medical University

শাহবাগ, ঢাকা-১০০০।

ID Card Application Form (Student)

Stamp Size
Photos
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Copy

Date: / /

To

The Registrar

Bangladesh Medical University

Subject: Application for Student ID Card.

Sir,

With due respect and humble submission, I would like to state that I'm a Student of this University. I am providing the necessary information below for the purpose of obtaining an ID Card.

Student Name
(CAPITAL LETTERS) : _____

Name of the Course & Subject : _____

Name of Phase or Part : _____

Phone Number : _____

Emergency Phone Number : _____

Admission on : _____

To be filled by the office

ID Card Number : _____

Enclosure:

1. Course joining photocopy.
2. Deputation order photocopy (If any).
3. Money receipt.

Signature & Date of Applicant

**Signature & Date (with seal)
Chairman Of The Department.**

NB: Before submitting the ID card form Please deposit 32/- (taka) in savings account **BMU miscellaneous fund** No. **SND-1615** of Pubali Bank PLC, Shahbagh avenue Branch, Dhaka-1000 and enclose the money receipt with the ID form.