



বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়

Bangladesh Medical University

শাহবাগ, ঢাকা-১০০০।

Date: / /

ID Card Application Form (Permanent Doctors & Staffs)

Recent
Passport Size
Photos
(1 Copy)

To

The Registrar

Bangladesh Medical University

Shahbagh, Dhaka-1000

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.

1. **Applicant Name** : _____
(CAPITAL LETTERS)
2. **Designation** : _____
3. **Department/Office** : _____
4. **Blood Group** : _____
5. **Emergency Phone Number** : _____
6. **Date of Birth** : _____
7. **Joining Date** : _____
8. **PDS Number** : _____

To be filled by the office

ID Card Number : _____

Signature & Date of Applicant

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

Enclosure:

1. Office Order of Regular/Permanent.
2. Office Order of Promotion (If applicable).

NZM