



বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়

Bangladesh Medical University

শাহবাগ, ঢাকা-১০০০।

Date: / /

ID Card Application Form (Student)

Recent
Passport Size
Photos
01 (One) Copy

To
The Registrar
Bangladesh Medical University
Shahbagh, Dhaka-1000

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.

1. Student Name (CAPITAL LETTERS) : _____
2. Course & Subject : _____
3. Session : _____
4. Emergency Phone Number : _____
5. Blood Group : _____
6. Date Of Birth : _____
7. e-Registration Number : _____

Signature & Date of Applicant

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

Enclosure:

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