



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.

NZm