



UTTARA ADHUNIK MEDICAL COLLEGE

House # 34, Sector # 9, Road # 4, Sonargaon Janapath,
Uttara Model Town, Dhaka-1230
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size photo

APPLICATION FORM FOR MBBS ADMISSION (SESSION: 20 -20)

Form SI No.:

Application SL. No:

Money Receipt No:

Date of Application:

MBBS Admission Exam Roll No:

Merit Score:

Merit Position:

Quota:

Name of Student (English Block Letter) :

Date of Birth:

Blood Group:

Academic Records:

Name of Exam.	Year	Board	Name of Institute	GPA	Total GPA (SSC + HSC)	GPA without 4 th sub.
SSC/O-Level/Equivalent						
HSC/A-Level/Equivalent						
Others						

Father's Name :

Father's Mobile No :

Mother's Name :

Mother's Mobile No :

Home District :

Permanent Address :

Present Address :

Student's Mobile :

E-mail:

Guardian's Mobile No :

E-mail:

Guardian's Occupation:

Annual Income (Tk.):

Local Guardian's Name,
Address & Mobile No :

I certify that the information provided above is true to my knowledge and belief. I also understand that any false statement or information may cancel the prayer for application.

Signature of Father/Mother/Guardian

Signature of Student

Form SI. No :

STUDENT'S COPY

Name of the student:

Father's Name :

Mother's Name :

Admission Exam Roll No :

Merit Position :

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photo

Date:

Administrative Officer