



Gazi Medical College

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Application Form for MBBS course 20.....

(Applicant will fill-up the form by himself/herself)

Passport
Size
Photo

Sl. No.-

Date of Application:...../...../.....

1. Name (Block Letter):.....
2. a) Father's Name:.....
b) Occupation:..... c) Mobile no:.....
d) email: e) whatsapp/viber:.....
f) Address:.....
3. a) Mother's Name:
b) Occupation: c) Mobile no:.....
d) email: e) whatsapp/viber:.....
4. Present Address:
5. Permanent Address:
6. a) Name of Local Guardian: b) Relationship:
c) Address:
d) Mobile No. e) email:
7. Date of Birth: (DD/ MM/ YYYY): 8. Nationality:
9. Sex: Male/ Female 10. Marital Status: Single/ Married
11. a) Student's Mobile no..... b) email :
c) whatsapp: d) viber: e) Facebook:.....
f) Birth Registration/National Identity (NID) no.:.....
12. Educational Qualification (For Local Students):

Name of Examination	Passing Year	Board	GPA (without 4 th subject)	GPA (with 4 th subject)	Name of 4 th Sub	GPA in Biology	GPA in English	Remarks
SSC/O-level/ Dakhil/Similar								
HSC/O-level/ Alim/Similar								
Admission Test info- Roll No.-			Test Score:		Merit Score:		Merit Position:	