



**BANGLADESH INSTITUTE OF CHILD HEALTH
DHAKA SHISHU HOSPITAL
SHER-E-BANGLA NAGAR, DHAKA-1207
PABX: 9104211-20; Ext - 409**

Application Form

Course: B. Sc. in Health Technology (Laboratory)

Session – January: 20.....

Roll No	<input type="text"/>	Photo
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1. Name in full (**BLOCK LETTERS**) :
2. Father's /Husband's Name :
3. Mother's Name :
4. Age on 1st January 20..... :
5. Present address (Mailing address) :
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- Telephone No:
- Mobile No:.....
6. Permanent address :
-
-
7. Present official address : Designation:
- (For Diploma Candidate only) : Working place:
- : Govt. Computer Code:
- (For Govt. candidate only)
8. Nationality :
9. Religion :
10. Marital status : Single Married
11. Blood Group :
12. Result in Grade point : (a) SSC _____(b) HSC_____ **Total GPA** _____
13. Diploma in Laboratory : Yes No; Year of passing

Date:

Signature of applicant

Name of Scrutinizer :	ELIGIBLE	NOT ELIGIBLE
Signature of the Scrutinizer:		

Following papers/documents have to be attached with application

1. 3 copies of Recent Passport size photograph (Attested)
2. Application Fee Tk. 1500/- (One thousand & five hundred) Non-refundable by Bank Draft or Pay Order in favor of "**BICH, DHAKA, Bangladesh Krishi Bank, Shamoly Branch.**"

Attested photocopy of the following

3. SSC & HSC equivalent certificate
4. Marks sheet of SSC & HSC or equivalent examination
5. Nationality Certificate from U.P Chairman or Ward Commissioner
6. Testimonial from Educational Institution

Other information

❖ Application with false information and incomplete application will be rejected.