

SHRISTY INSTITUTE FOR HEALTH SCIENCES & TECHNOLOGY LTD

Admission Form

All Star (*) marked fields are mandatory. Please fill up the application form in English.

A. COURSE REGISTRATION

Year*:

Session*:

Student Type*:
 Local Foreign

Course Type*:
 Diploma Certificate

Course/Subject*:

B. BASIC INFORMATION

Name*:

Father's Name*:

BMDC Reg No. :

Mother's Name*:

Email Address*:

Mobile/Contact No.*:

NID/Passport No.*:

Date of Birth*:

Blood Group:

Gender*:
 MALE FEMALE

Marital Status:

Religion:

Nationality:

Facebook ID:

Skype ID:

Viber Account No. :

Whatsapp ID:

Preferred Time of Call:

Preferred payment mode:

Present place of work*:

Job Description*:

EMERGENCY CONTACT

Contact Name:

Mobile No.* :

Permanent Address
Mailing Address

C. EDUCATIONAL QUALIFICATION (Minimum Requirement: Graduation)

Name of Examination	Passing Year	Group/Batch /Session (For SSC/HSC only)	Board (For SSC/HSC only)	Institute Name	Result (GPA/ DIVISION)
<input type="checkbox"/> SSC <input type="checkbox"/> O' Level <input type="checkbox"/> Secondary School Equivalent					
<input type="checkbox"/> HSC <input type="checkbox"/> A' Level <input type="checkbox"/> High School Equivalent					
Graduation <input type="checkbox"/> MBBS <input type="checkbox"/> BS Nursing <input type="checkbox"/> BSc in RT <input type="checkbox"/> BSc in PT <input type="checkbox"/> Other: _____					
Post-Graduation <input type="checkbox"/> _____					

D. WORK EXPERIENCE

Institute/Organization	Designation	Length of Service

E. OTHER TRAINING PROGRAMS ATTENDED

Training Name	Duration	Organization

DECLARATION

I certify that the information on this application is true and complete in all respects and that I have withheld no information. I understand that I have to provide documentation at some future date to substantiate my claims and that any misrepresentation of this information may result in cancellation of my admission or registration status.

I shall abide by all academic rules and regulations laid by Shristy Institute for Health Sciences & Technology Ltd. and all future changes in said rules and regulations laid by Shristy Institute for further improvement in the course curriculum/delivery system.

Applicant Signature	
Date	

Please attach photocopies (1 set) of the following documents:

- MBBS Certificate and Transcript duly attested with BMDC Registration
- Post Graduate Certificate (if applicable)
- NID/Passport
- Passport Size Photograph (3 pieces)
- Payment (Cash/Pay Order/Bank Draft/Cheque in favor of "Shristy Institute for Health Sciences & Technology Ltd.")