

# 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*: <input type="checkbox"/> Local <input type="checkbox"/> Foreign	Course Type*: <input type="checkbox"/> Diploma <input type="checkbox"/> 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*: <input type="checkbox"/> MALE <input type="checkbox"/> 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:

- SSC, HSC (or equivalent) Certificates
- 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.")