

To be filled by the office
Serial No.

Affix a passport size
photo here



Department of Biomedical Physics & Technology
University of Dhaka
Application Form

MS in Biomedical Physics & Technology
Session: 2016-2017

1. **Name of the Applicant:**
2. **Mother's Name:**
3. **Father's Name:**
4. **Date of Birth:**
5. **Nationality:**
6. **Contact Number:**
7. **Email:**
8. **Mailing Address:**
9. **Permanent Address:**
10. **Academic Qualifications:**

Degree	Department/ College/ School	University/ Board	Passing Year	CGPA/ Division/ Class	Marks Percentage
Masters					
Bachelors					
HSC/A-Level					
SSC/O-Level					

I, hereby, declare that the information provided in this application form is true. I accept that the Department of Biomedical Physics & Technology reserves the right to cancel my admission at any time if any information given above is found to be false.

.....
Signature

.....
Date