



FOR FOREIGN STUDENT

PRIME MEDICAL COLLEGE

(Under University of Rajshahi)

Pirjabad, Badargonj Road, Rangpur, Bangladesh

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Website: www.pmc-bd.org. E-mail: info@pmc-bd.org, pmcrang@gmail.com

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passport size
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ADMISSION FORM FOR MBBS COURSE

SI No:

SESSION:

NAME (Capital Letters) :

FATHER'S NAME :

MOTHER'S NAME :

HOME ADDRESS :

GUARDIAN'S NAME & ADDRESS:

MOBILE NO. : Student : Parents :

TELEPHONE NO. :, E-mail:

DATE OF BIRTH :

NATIONALITY :

PASSPORT NUMBER : Date of issue:

DATE OF EXPIRY :

RELIGION :

SEX : Male Female

EDUCATION QUALIFICATION :

Name of the Examination	Year	GPA	TOTAL GPA
SSC/SLC/O level or equivalent			
HSC/A level or equivalent			

I, do hereby solemnly affirm and declare that I shall abide by all the rules and norms of the Institution on my enrolment as a students of the Prime Medical College, Rangpur.

I, do hereby solemnly affirm and declare that I have fully gone through the contents regarding terms and condition fee structure etc. of Prime Medical College, Rangpur prospectus and shall be responsible for all liabilities of my ward on his/her admission in the Prime Medical College, Rangpur.

Signature of Student

Signature of Parents/Guardian

Date :

Date :