



# শেখ হাসিনা মেডিকেল বিশ্ববিদ্যালয়, খুলনা

Sheikh Hasina Medical University, Khulna

## Student Registration Data Form

Photo  
4" × 3"

Admission Test Roll No.: ..... Bank Deposit Slip No: .....

### 1. Basic Information

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Name (English in block letter): .....

নাম (বাংলা) : .....

Session: ..... Course: .....

Faculty: .....

Nursing college/Institute.....

### 2. Personal Information

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Date of Birth : ..... Gender: .....

Place of Birth : .....

Mobile/Phone : ..... Email address: .....

Nationality : ..... National ID/ Passport No.: .....

Father's Name : .....

Mother's Name: .....

Legal Gurdian's Name & Relationship: .....

(In absence of Parents)

### 3. Permanent Address

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Village / Road: ..... House / Holding No.: .....

Post Office : ..... PS / Upozila: .....

District : ..... Country: .....

Village/ Road: ..... House / Holding No.: .....

Post Office : ..... PS / Upozila: .....

District : ..... Country: .....

### **5. Emergency Contact**

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Name: ..... Relationship: .....

Address: ..... Phone/Mobile: .....

### **6. Previous Academic Information**

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#### **A. Secondary School Certificate (S.S.C):**

<b>Name and location of School</b>	<b>Roll No.</b>	<b>Registration No.</b>	<b>Passing Year</b>	<b>Board</b>	<b>GPA / Marks</b>

#### **B. Higher Secondary School Certificate (H.S.C):**

<b>Name and Location of College</b>	<b>Roll No.</b>	<b>Registration No.</b>	<b>Passing Year</b>	<b>Board</b>	<b>GPA /Marks</b>

#### **Declaration:**

I do hereby declare that the above information is true and I shall abide by the rules and regulations set by the University. I shall accept any decision taken by the University authority if I am accused of any violation of the University's rules and regulations.

Signature of Principal

Signature of the Student