



শেখ হাসিনা মেডিকেল বিশ্ববিদ্যালয়, খুলনা  
Sheikh Hasina Medical University, Khulna

Photo  
4" × 3"

**Student Registration Data Form**

Admission Test Roll No.: ..... Merit: ..... Exam. Score:.....

Foreign Student (Please tick)

**1. Basic Information**

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

নাম (বাংলা) : .....

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

College: .....

**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: .....

#### 4. Present Address

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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):

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

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

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

#### 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.

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Signature of the Student