



খুলনা মেডিক্যাল বিশ্ববিদ্যালয়
Khulna Medical University

Photo
4" × 3"

Student Registration Data Form

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

Foreign Student (Please tick) ☐

1. Basic Information

Name (English in block letter):

নাম (বাংলা) :

Session: Course:

College:

2. Personal Information

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

Village/Road: House / Holding No.:

Post Office : PS / Upozila:

District : Country:

4. Present Address

Village/ Road: House/Holding No.:

Post Office : PS / Upozila:

District : Country:

5. Emergency Contact

Name: Relationship:

Address: Phone/Mobile:

6. Previous Academic Information

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.

Signature of the Student