



Office of the Principal
PRIME MEDICAL COLLEGE

Pirjabad, Badargonj Road, Rangpur, Bangladesh
Mobile No: 01854-819300, Website: www.pmcdbd.org, E-mail: academic@pmcbbd.org

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ADMISSION FORM FOR MBBS COURSE : 2024-2025

Student ID: **Sl. No. :**

Name (In English) : | **Blood Group :**

Name (In Bengali) :

Father's Name :

Mother's Name :

Date of Birth : **Place of Birth :**

Nationality : **Religion:**..... **Gender :** Male/Female.

NID/Birth Certificate No :.....

Permanent Address : Vill/Area : P.O.....Code :

Union :Upozilla:.....

District : Students Contact No:.....

Present Address : Vill/Area :P.O.....Code :

Union :Upozilla:.....

District :

Parents Contact No:..... Students E-mail:.....

Address of Local Guardian: Name :

Vill : Upozilla:.....District :

Contact No.:Guardians E-mail:.....

Parents/Guardian's Profession:..... **Annual Income:**.....

EDUCATIONAL QUALIFICATION :

Name of the Examination	Name of school/college	Board of Education	Passing Year	Reg. No.	Roll No	GPA	Total GPA
SSC / Equivalent							
HSC / Equivalent							

MBBS Admission Test : Roll No:..... Centre Code:..... Sl. No:

Test Score :..... Merit Score:

Merit Position :

Category of student : **General / Freedom-Fighter /Poor-Meritorious / Others.**

.....
Signature of Student

To be filled up by office

Medical Test Report : **Fit/ Unfit**

Admitted : **Yes / Not.**

Batch : PMC - 16

Certificate Verification Report : **Correct / Incorrect**

Session : 2023-2024

Undertaking : **Given / Not given**

Roll No :

Signature: Secretary/Student Section

Date :

Principal
Prime Medical College, Rangpur.