



CHITTAGONG MEDICAL COLLEGE
CHATTOGRAM, BANGLADESH.

PHOTO

Application form for hostel seat of MBBS/BDS Student of Chittagong Medical College (Boys/Girls)

Personal Information

Student's Name	(IN BLOCK LETTER)					
	(IN BANGALY)					
Student Type				Class Roll No		
Session			Batch	Date of Admission in the CMC		
Date of Birth			Student Email ID			
Contact No			WhatsApp No.			Blood Group
Birth Registration No			Place of Birth			National ID No

Guardian (Which Ever applicable)

Father's Information	Name					
	Profession					
	Profession Type	Government/Non-Government/Others				
	Contact No	Home		Office		Mobile
	Yearly Income					
Mother's Information	Name					
	Profession					
	Profession Type	Government/Non-Government/Others				
	Contact No	Home		Office		Mobile
	Yearly Income					
Guardian's Information	Name of Guardian					
	Contact No.			Email		
	Occupation					
	Division			District		
	Relationship with the Guardian					
Local Guardian Name						
Relationship with the Local Guardian						
Local Guardian Address in Chattogram						

Previous Academic Information *

Name of Exam/Degree	Roll No	Name of Institution *	Session *	Board / University *	GPA / Division *	Year of Passing *
SSC						
HSC						

Mailing Address

Village/Holding no/Road/House					
Post Office			Police Station		
District			Contact No		
Email ID					

Permanent Address

Village/Holding No/Road/House					
Post Office			Police Station		
District			Contact No		
Email ID					

I solemnly affirm that particulars give above are true, I have read hostel rules and agree to abide by the rules and discipline of the hostel if I am accommodated.

Signature of the student

N B The above hostels are not furnished, if you are allotted and accommodation there you will have to arrange your own furniture.

I am bear responsibility for any act of indiscipline or violation of rules by myduring his/her stays in the hostel. I also agree for bear all expenses of the hostel incurred by him.

Signature of the guardian

Date.....

REMARKS OF THE HOSTEL SUPERINTENDENT

Allotted seat in the Hostel of Chittagong Medical College Room
No.Block..... Date.....

Signature of the hostel Superintendent

N.B: Application form to be returned to the office of the superintendent. By incomplete application will not be considered.