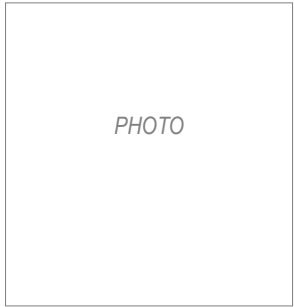


Ovibash Healthcare Institute

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Phone: +88 01755569517, +88 028871954, E-mail: info@ovibash.com

ADMISSION FORM



Date:

ID No:

Name:

Father's Name:

Spouse Name (If Applicable):

Present Address:

Permanent Address:

National ID Card Number:

Name of Medical College:.....

Year of Passing MBBS:

Name of internship Medical College:.....

Present Working Place & Position:.....

Mobile No:E-mail :.....

Facebook Name (If Applicable):

BMDC Registration Number :

Course Applied For:

Course Fee with Certificate:

Terms of Payment:

For DMU all payment must be cleared before 3rd part Examination.

For CMU all payment must be cleared before Midterm Examination

.....
Signature of Student

.....
Signature of OHI Staff