বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়
Bangladesh Medical University

APPLICATION FORM FOR REGISTRATION INTO PhD PROGRAM

Affix one copy of passport-size photograph here

1	Full name of the applicant in English (in capital letters)	
2	Status of the applicant (tick in given space)	BMU applicant / Application form another Institution/country
3	Discipline/Department	
4	Father's/Husband's name	
5	Mother's name	
6	Date of birth (according to SSC or equivalent certificate)	
7	Permanent Address	
8	Present Address	
9	Mailing Address (if different from the present address)	
10	Contact land phone number	
11	Mobile phone number	
12	E-mail address	
13	Nationality	
14	Educational qualification (professional ones only)	

	Qualification	Year	University/Institution	Division/Class/Distinction
i				
ii				
iii				
iv				
v				
vi				

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15	Previous research experiences/publications *(mention titles of three main researches/ publications along with the places of research/references)* *A complete list on separate papers may also be attached*		Title	Place/reference
		i		
		ii		
		i		
		ii		
16	Present position			

17	Present engagement (if any)	a) Institution/organization	
		b) Date of Starting	
		c) Title of the research	

I hereby solemnly declare that the information provided above is true. If any false information is detected, the BMU authority reserves the right to cancel my registration; I also declare that the proposed protocol has not been produced partly or fully for the partial fulfillment of any other degree/fellowship or for any publication.

Date: .....

.....

(Signature of the applicant)

18	Title of the proposed thesis research			
19	Place of research (institution of supervisor/ of a joint supervisor)			
20	Name(s) and designation(s) of the supervisor/ co- supervisor	a		
		b		
		c		
21	Titles of three major publications by the supervisor(s) as the 1st author (along with references) A complete list on separate papers may also be attached		Title	Reference
		i		
		ii		
		iii		

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22	**Supervisor's/co- supervisor two recent experiences** in supervising thesis/ dissertations	a 1. Title of the thesis/dissertation	
		b 1. Name of the student	
		c 1. Degree/fellowship	
		d 1. University/other authority	
		a 2. Title of the thesis/dissertation	
		b 2. Name of the student	
		c 2. Degree/Fellowship	
		d 2. University/other authority	

23 Supervisor's recommendation:

In my opinion, the proposed protocol meets the demands of a PhD program at BMU and is satisfactory for a PhD thesis research. I hereby agree to supervise this thesis research.

a)	**b)**	**c)**
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(Signature)	*(Signature)*	*(Signature)*
(Seal)	*(Seal)*	*(Seal)*

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For a BMU applicant	**For an applicant from another Institution/country**
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(Signature of the Chairman of the Departmental Academic Committee)	(Signature of the head of the respective department)
(Seal)	(Seal)

	(Signature of the Head of the institution)
	(Seal)

25 Dean's recommendation/comments (please strike out as applicable):

I hereby recommend the application/
I have the following comments on the application
for being considered by the PhD Committee

---------- (Signature of the Dean of the respective faculty of BMU)

(Seal)

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Please note that:

1. Two copies of this application from [procurable from the office of the Deputy Registrar (Academic)] must be filled out and submitted to the same office.
2. Incomplete applications will not be entertained.
3. One attested copy of each of the following documents should be enclosed with each application form:
   a) Passport size photograph,
   b) SSC certificate,
   c) Certificate of MBBS/BDS/equivalent degree.
   d) All post-graduation certificates with valid BMDC, recognitions,
   e) Valid BMDC registration certificate with renewal.
4. Period of research work will be counted from the date of registration into the PhD program.
5. Eight copies of the thesis research protocol (following a BMU prescribed format) should also be enclosed.