



বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়

Bangladesh Medical University

শাহবাগ, ঢাকা।

FOR FOREIGN  
STUDENTS

**Application Form for admission into  
MD/MS Phase-A, Residency Program for March-2027**

**Instructions for Applicants :**

1. Foreign students can apply for the courses available in Bangladesh Medical University.
2. Students already in any course can not apply, but they are eligible to apply one year after passing or withdrawal from the course (copy of withdrawal letter is to be enclosed with the application).
3. A student can apply in one discipline only.

**To be filled in by the candidate (in capital letters):**

<b>Course &amp; Discipline :</b>
<b>Faculty :</b>
<b>Session :</b>
<b>Name of Institution : Bangladesh Medical University</b>

**To be scrutinized by the Chairman of the department for eligibility of a candidate**

Please attach two copies recent passport size photographs	<b>Requisite papers:</b>	Signature & Seal of Departmental Chairman
	<ul style="list-style-type: none"> <li>• Certificate of MBBS/BDS or equivalent degree (recognized by respective Medical Council) : Yes/ No</li> <li>• Two years after passing MBBS/BDS or equivalent degree with completion of one year internship as on or before 30 September 2026. : Yes/ No</li> <li>• Permanent Registration Certificate from the Medical and or Dental Council of respective countries (Recognized by respective BMDC). : Yes/ No</li> <li>• IELTS score individual component minimum 6 or TOEFL score 46 to 59. : Yes/ No</li> <li>• Applied through respective High Commission/Embassy in Bangladesh. : Yes/ No</li> <li>• Maximum age 45-year as on or before 30 September 2026 : Yes/ No</li> <li>• Attested photocopy of all documents. : Yes/ No</li> <li>• One year after passing or withdrawal from the course (if any). : Yes/ No</li> <li>• Remarks: Eligible / Not Eligible (Tick as applicable)</li> </ul>	

<b>Decision of the Departmental Selection Board after interview of a student.</b>				<b>Recommendation</b>
<input type="checkbox"/> Selected	<input type="checkbox"/> Not Selected			
(Tick appropriate box selected or not selected and cross the other box)				
_____ Member	_____ Member	_____ Member	_____ Chairman Dept. of .....	_____ Dean Respective Faculty
(Signature of the Members with official seal)				

**(All information are to be filled in capital letters)**

01. Full name of the student : .....
02. Father's Name : .....
03. Mother's Name : .....
04. Spouse Name : .....
05. Date of Birth : .....
06. Nationality : .....
07. Passport No. (Place of Issue, Date of Issue & Date of expiry) : .....
08. Religion : .....

NA

