**Shaheed Suhrawardy Medical College, Dhaka**

**New Scholarship Information Form:**

**E-mail:** shsmc@ac.dghs.gov.bd

|  |  |  |
| --- | --- | --- |
| **SL No** | **Information** | **Block Letter** |
|  | Admission year: |  |
|  | Fiscal year: | 2019-2020 |
|  |  Scholarship Exam : | H.S.C |
|  | Scholarship Type:  |  |
| **\* Personal Information:** |  |
|  | Student Name (Bangla): |  |
|  | Student Name (English) |  |
|  | Father’s NID: |  |
|  | Father’s Date of Birth: |  |
|  | Father Name (Bangla) |  |
|  | Father Name (English) |  |
|  | Mother NID: |  |
|  | Mother Date of Birth |  |
|  | Mother Name (Bangla) |  |
|  | Mother Name (English) |  |
|  | Student’s Birth certificate Number: |  |
|  | Student’s Date of Birth: |  |
|  | Student’s Gender |  |
| **Student Permanent Address:** |  |
|  |  Division: |  |
|  |  District: |  |
|  | Upazila: |  |
|  |  Pourasova: |  |
|  |  Union:  |  |
|  |  Ward No:  |  |
|  | Post Code:  |  |
|  |  Address:  |  |
| **\*Educational Information:** Previous Educational Information:  |  |
|  |  Division: |  |
|  |  District: |  |
|  | Upazila: |  |
|  |  Pourasova: |  |
|  | Board: |  |
|  | Institute Name:  |  |
|  |  Class Studied in the Past: | Twelve |
|  |  Previous Educational Level: | H.S.C |
|  | Registration No (H.S.C): |  |
|  | Result (GPA): |  |
|  | Passing year:  |  |
| **Current Educational Information:** |  |
|  | Group: | Science  |
|  | Class: |  |
|  | Section:  |  |
|  | Class Roll:  |  |
|  | Student ID:  |  |
| **\*Guardian Information:**  |  |
|  | Relation:  |  |
|  | Birth Certificate Number:  |  |
|  | Guardian NID:  |  |
|  | Date of Birth:  |  |
|  | Guardian Name (Bangla): |  |
|  | Guardian Name (English): |  |
|  | Occupation:  |  |
|  | Maximum Educational Qualification: |  |
|  | Maximum Educational Qualification of Spouse : |  |
|  | Guardian Mobile Number:  |  |
|  | Guardian E-mail: |  |
| **Guardian Permanent Address:**  |  |
|  |  Division: |  |
|  |  District: |  |
|  | Upazila: |  |
|  |  Pourasova: |  |
|  |  Union:  |  |
|  |  Ward No:  |  |
|  | Post Code:  |  |
|  |  Address:  |  |
| **\*Payment Details:**  |  |
|  | Payment Mode:  | Banking  |
|  | Account Holder’s Name :  |  |
|  | Bank Name: |  |
|  | Bank Branch Name: |  |
|  | Account No:  |  |