**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: |  |