

\*Form Sl. No.:

□□□□



School of Science and Technology  
Bangladesh Open University  
Gazipur-1705  
Telephone: 9291111, Fax: +880-2-9291111  
Website: www.bousst.edu.bd or www.bou.edu.bd

Attach one  
passport-size  
photographs here  
duly attested

**Application Form for Master of Public Health (MPH) Program**

Admission Test Roll No. (For office use only):

□□□□

**Read the Following Instruction Carefully Before Completing the Form**

- Use black ballpoint pen and write in capital letters for filling-up the form.
- The application processing fee of Tk. 1000 is to be paid which is nonrefundable.
- The applicant should submit:
  - Completed application form;
  - Attested copies of Academic Certificate and Marks sheets/ Transcript of examinations;
  - Testimonial from the last educational institution;
  - Bank receipt slip.
- Without necessary documents application shall be rejected.

**Application Processing Fee**

Application processing fee: \_\_\_\_\_

Bank receipt no.: \_\_\_\_\_

Date: \_\_\_\_\_

**Application Information**

Application Submission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Session: \_\_\_\_\_ Name of Regional Center: \_\_\_\_\_

Prefered Study Center: short name from page:2 (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Applicant's Personal Information**

- Name of the Applicant: \_\_\_\_\_
- Mother's Name: \_\_\_\_\_
- Father's Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_
- Gender:  Male  Female
- Marital Status:  Single  Married  Others
- Citizenship: \_\_\_\_\_
- National ID No. (if any): \_\_\_\_\_
- Present Address: \_\_\_\_\_  
District: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Permanent Address: \_\_\_\_\_  
District: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Valid E-mail (if any): \_\_\_\_\_ Telephone (Residence): \_\_\_\_\_
- Cell Phone (Personal) \_\_\_\_\_ Cell Phone (Guardian): \_\_\_\_\_

**Academic Records**

Name of the Examination	Name of the Degree	Session		Passing Year	Board/ University	Name of the Institution	Group/ Discipline	Division/ GPA/ CGPA
		From	To					
S. S. C/ Equivalent								
H. S. C/ Equivalent								
Bachelor/Equivalent								
Others								

\* To be filled in by BOU official, in case the form is collected from Website.  
 \*\* Mandatory Field

### Other Information

1. Are you a freedom fighter/ Dependent of freedom fighter?  Yes  No  
*If yes, provide necessary document.*
2. Are you a part of disable group?  Yes  No  
*If yes, provide necessary document.*
3. Are you a part of small ethnic group?  Yes  No  
*If yes, provide necessary document.*
4. Have you ever been dismissed, suspended or expelled from any educational institution?  Yes  No  
*If yes, attach the reasons in a separate page.*

### Declaration by Applicant

I hereby undertake that if I am admitted into Bangladesh Open University, I will by all means, abide by all decisions, rules and regulations of Bangladesh Open University. I accept that manufacture, distribution, possession and consumption of tobacco products, alcohol, drugs and controlled substances are strictly prohibited in Bangladesh Open University premise and that I may be expelled for violating this rule or for abetting violations. I agree that if I perform well, the university can use my name in all its documents or any other forms wherever relevant/required. Bangladesh Open University reserves the right to change its policies, curricula or any other matters and to revise its tuition and other fees as and when necessary. I also accept that withholding or hiding or distorting any information required in this application or giving false information or submitting any false document may lead to disciplinary action including expulsion, cancellation of my Admission/Results/Degree(s), as the case may be.

I hereby declare that the above statements are correct and complete to the best of my knowledge.

**Signature of the Father/Mother/Guardian (Optional):**

**Signature of the Applicant:**

**Full Name:**

**Full Name:**

**Date:**

**Date:**

### For Office Use Only

For scrutiny all documents	Chairman of the Admission Committee
<input type="checkbox"/> Submitted all documents properly	<input type="checkbox"/> Allowed for admission test
<input type="checkbox"/> Partially submitted documents	<input type="checkbox"/> Allowed conditionally/Provisionally
<input type="checkbox"/> Photograph/Fee slip/other documents missing	<input type="checkbox"/> Not allowed for admission test

For Admission Division	Chairman of the Admission committee	Marks obtained in admission test	
All documents, certificates have been submitted	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended	Admitted	
Signature of the Authorized Officer with Seal	Signature and Seal	Dean, SST	

**Study Centers:**

1. National Heart Foundation and Research Institution, Mirpur, Dhaka (NHFRDI)
2. Institution of Child and Mother Health, Matuail (ICMH)
3. Center for Medical Ultrasound, Green Road, Dhaka (CMUD)
4. Chattogram Medical College and Hospital, Chattogram (CMCH)
5. M. A. G Osmani Medical College, Sylhet (SMC)
6. Mymensing Medical College, Mymensing (MMC)
7. Rangpur Community Medical College, Rangpur (RCMC)
8. TMSS Medical Institute of Research and Technology (TMSS)



**School of Science and Technology  
Bangladesh Open University**

\*Form Sl. No.-

--	--	--	--

**ADMIT CARD  
Admission Test of the Master of Public Health (MPH) Program**

\*Admission Test Roll No. (For office use only):

--	--	--	--

**Session** (For office use only):

--

**Date and Time of Admission Test**

(For office use only):

--

**Center of the Admission Test**

(For office use only):

--

**Name of Applicant:**

--

**Mother's Name:**

--

**Father's Name:**

--

Attach one passport-size photographs here duly attested

Seal

Signature of the Chairman/RC official  
Admission Committee



**School of Science and Technology  
Bangladesh Open University**

\*Form Sl. No.-

--	--	--	--

**ADMIT CARD**

**Admission Test of the Master of Public Health (MPH) Program**

\* Admission Test Roll No. (For office use only):

--	--	--	--

**Session** (For office use only):

--

**Date and Time of Admission Test**

(For office use only):

--

**Center of the Admission Test**

(For office use only):

--

**Name of Applicant:**

--

**Mother's Name:**

--

**Father's Name:**

--

Attach one passport-size photographs here duly attested

**Seal**

**Signature of the Chairman/RC official  
Admission Committee**



**School of Science and Technology  
Bangladesh Open University**

**Receipt of the application form of admission in the \_\_\_\_\_ academic year**

\*Form Serial No.-

--	--	--	--

<p>Applicant's Name</p> <p>(in Bangla): _____</p> <p>(in English): _____</p> <p>Receiving Date of Application Form: _____</p> <p>Receiver's Signature of the Application: _____</p>	<ol style="list-style-type: none"> <li>List of eligible candidates for admission test</li> <li>Date, Time and Venue of admission test</li> <li>List of eligible candidates for Viva-voce</li> <li>List of selected candidates according to merit and waiting list</li> <li>Date and Time of admission, orientation and class</li> </ol>	<p>Will be informed through BOU Notice Board, National Dailies and Websites: <a href="http://www.bousst.edu.bd">www.bousst.edu.bd</a> or <a href="http://www.bou.edu.bd">www.bou.edu.bd</a></p>
---	---	---