

*Form Sl. No.:

Four empty boxes for form number



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 Post Graduate Diploma in Medical Ultrasound (PGDMU) Program

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

Four empty boxes for admission test roll number

Read the Following Instruction Carefully Before Completing the Form

- 1. Use black ballpoint pen and write in capital letters for filling-up the form.
2. The application processing fee of Tk. 1000 is to be paid which is nonrefundable.
3. The applicant should submit:
i) Completed application form;
ii) Attested copies of Academic Certificate and Marks sheets/ Transcript of examinations;
iii) Testimonial from the last educational institution;
iv) Bank receipt slip.
4. 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:
Preferred Study Center: short name from page:2 (1) (2)

Applicant's Personal Information

1. Name of the Applicant:
2. Mother's Name:
3. Father's Name:
4. Date of Birth (DD/MM/YYYY):
5. Gender: Male Female
6. Marital Status: Single Married Others
7. Citizenship:
**8. National ID No. (if any):
9. Present Address: District: Postal Code:
10. Permanent Address: District: Postal Code:
**11. Valid E-mail (if any): Telephone (Residence):
**12. Cell Phone (Personal) Cell Phone (Guardian):

Academic Records

Table with 8 columns: Name of the Examination, Name of the Degree, Session (From, To), Passing Year, Board/University, Name of the Institution, Group/Discipline, Division/GPA/CGPA

* Mandatory Field

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

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. Center for Medical Ultrasound, Green Road, Dhaka (CMUD)
2. Chattogram Medical College and Hospital, Chattogram (CMCH)
3. Bangladesh Institute of Thyroid Medicine & Imaging Research (BITMIR)



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

*Form Sl. No.-

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ADMIT CARD

Admission Test of the Post Graduate Diploma in Medical Ultrasound (PGDMU) Program

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

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Session (For office use only):

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Date and Time of Admission Test

(For office use only):

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Center of the Admission Test

(For office use only):

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Name of Applicant:

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Mother's Name:

--

Father's Name:

--

Attach one passport-size photographs here duly attested

Seal

Signature of the Chairman/RC official
Admission Committee

* Mandatory Field

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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.-

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Applicant's Name (in Bangla): _____ (in English): _____ Receiving Date of Application Form: _____ Receiver's Signature of the Application: _____	1. List of eligible candidates for admission test 2. Date, Time and Venue of admission test 3. List of eligible candidates for Viva-voce 4. List of selected candidates according to merit and waiting list 5. Date and Time of admission, orientation and class	Will be informed through BOU Notice Board, National Dailies and Websites: www.bousst.edu.bd or www.bou.edu.bd
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