



**Certificate in Medical Education  
BIRDEM ACADEMY**

**ADMISSION FORM**

All Star (\*) marks field are mandatory.  
Please fill-up the application form in English.

**BASIC INFORMATION**

Year \* : \_\_\_\_\_ Session \* : \_\_\_\_\_  
Student's Name \* : \_\_\_\_\_ BMDC No \* : \_\_\_\_\_  
Father's Name \* : \_\_\_\_\_ Mother's Name \* : \_\_\_\_\_  
Email Address \* : \_\_\_\_\_ Mobile No \* : \_\_\_\_\_  
National ID \* : \_\_\_\_\_ Passport No : \_\_\_\_\_  
Date of birth \* : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Blood Group \* : \_\_\_\_\_  
Gender \* : \_\_\_\_\_ Marital status \* : \_\_\_\_\_  
Religion \* : \_\_\_\_\_ Nationality \* : \_\_\_\_\_  
Viber Account No : \_\_\_\_\_ Skype ID : \_\_\_\_\_  
Facebook ID : \_\_\_\_\_  
Preferred time of Call : \_\_\_\_\_ Proposed way of payment : \_\_\_\_\_

**CONTACT PERSON INFORMATION**

Name : \_\_\_\_\_ Mobile No : \_\_\_\_\_

**WORK INFORMATION**

Present Workplace : \_\_\_\_\_ Job description : \_\_\_\_\_

**PERMANENT ADDRESS**

Division : \_\_\_\_\_ District : \_\_\_\_\_  
Thana : \_\_\_\_\_ Address : \_\_\_\_\_

**PRESENT ADDRESS**

Division : \_\_\_\_\_ District : \_\_\_\_\_  
Thana : \_\_\_\_\_ Address : \_\_\_\_\_

**EDUCATIONAL QUALIFICATION**

Name Of Examination	Passing Year	Group/ Batch/ Session	Board	Institute Name	Result (GPA/ DIVISION)
S.S.C/ O Level / Equivalant					
H.S.C/ A Level / Equivalant					
MBBS					

**TEACHING EXPERIENCE**

Institute Name	Designation	Length of Service

**OTHER TRAINING PROGRAM ATTENDED**

Training Name	Duration	Organization

**Attachments:**

1. MBBS Certificate Copy
2. POST Graduate Certificate Copy
3. NID Copy
4. Photographs of Applicant.

**Note:**

- Total course fee 25,000.00 Taka should be deposited at any cash counter of BIRDEM under "Certificate Course in Medical Education".
- Course fee should be deposited after you are selected for the course.

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**Signature**