



# BANGLADESH JAPAN INSTITUTE OF RADIOLOGY AND IMAGING (BJIRI)

## ADMISSION FORM

Date:

BJIRI Registration Number

Name : .....

Father's Name : .....

Mother's Name : .....

Spouse Name (If) : .....

Present Address : .....

Permanent Address : .....

National ID Card Number: .....

Name of Medical College : .....

Name of Internship Medical College : .....

Year of Passing MBBS : .....

Present Working Place : .....

Contact Number : Mobile: ..... TNT: .....

E-mail: .....

BMDC Registration Number : .....

Applied Course:

<input checked="" type="radio"/> CMU	<input checked="" type="radio"/> DMU	<input checked="" type="radio"/> TVS
<input checked="" type="radio"/> CEC	<input checked="" type="radio"/> CDU	<input checked="" type="radio"/> Other's

COURSE FEE WITH CERTIFICATE:

← This box is not needed

Signature of Student

Signature of Office