

কানাডা-বাংলাদেশ ইনস্টিটিউট অব মেডিকেল টেকনোলজি

Canada-Bangladesh Institute of Medical Technology(CBIMT)

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ADMISSION FORM

Name: _____

Father's Name: _____

Mother's Name: _____

Nationality: _____ Date Of Birth: _____

Gender: _____ Religion: _____

Photo

Permanent Address: _____

Present Address: _____

Phone: _____ Mobile: _____ Parent/Guardian Mobile No: _____

EDUCATIONAL QUALIFICATION

Name Of Exam	Board	Year of Graduation	Division/G.P.A	Total Marks

* I hereby accept all the rules and regulations set forth by CBIMT.

Signature

FOR OFFICE USE ONLY

Batch : _____ Date Of Admission : _____

Duration: _____

Student's ID No: _____ Total fee: _____

For-CBIMT(Signature)