

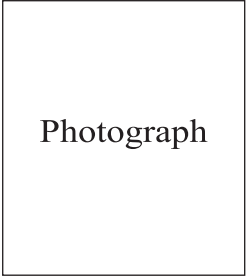


# INTERNATIONAL INSTITUTE OF HEALTH SCIENCES

(A Concern of Japan Bangladesh Friendship Foundation)

Sl No.

## Application Form



**Program Name**

Name of the Student: .....

In English: .....

In Bengali: .....

Father's Name: .....

Mother's Name: .....

Date of Birth :

Permanent Address : Vill : .....Po : .....P.S : .....

Dist : .....Contact : .....

Contract : Self.....Guardian : .....

Present Address : Vill : .....Po : .....P.S : .....

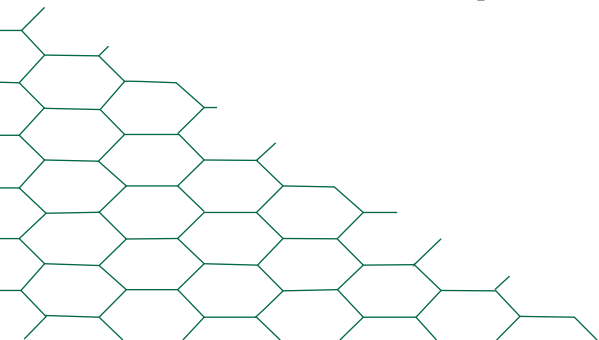
Dist : .....Contact : .....

Contact : Self.....Guardian : .....

### Educational Qualification :

Name of Examination	Year of Passing	Institution	Board	GPA

Note: Please enclose attested copies of official Transcripts & Certificates



.....  
Applicant's Signature

Date : .....