



BASHAIL SHAHEED SUKANTA BABU COLLEGE

Bashail, Barishal

MPO Code : 11111111, EIIN : 136509

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ADMISSION FORM

Form No : _____ Session : _____ Admission Roll : _____ Admission Date : _____

1. Academic Information:

Class : _____ Shift : _____ Section : _____ Group : _____

2. Student Information :

Student's Name : (Bangla) _____ (English) _____

Gender : _____ Religion : _____ Phone : _____

Blood Group : _____ Birth Date : _____ Birth Certificate : _____

Special Disease : _____ Nationality : _____ Email : _____

3. Parents Information :

Father's Name : (Bangla) _____ (English) _____

Profession : _____ Phone : _____ NID No : _____ Income : _____

Mother's Name : (Bangla) _____ (English) _____

Profession : _____ Phone : _____ NID No : _____ Income : _____

4. Present Address :

Village : _____ Post Office : _____ Post Code : _____

Upazila : _____ District : _____ Division : _____

5. Permanent Address :

Village : _____ Post Office : _____ Post Code : _____

Upazila : _____ District : _____ Division : _____

6. Guardian Information :

Guardian Name : _____ Phone : _____ Student Relation : _____

Address : _____ Profession : _____ Income : _____

7. Previous School Information :

School Name : _____ Address : _____

Transfer Reason : _____ Class : _____ Roll : _____ Phone : _____

8. Declaration :

We do hereby declare that all the particulars filled by us are true. If it is proved false, we shall be bound to incur any decision taken by the authority. We do hereby also declare the decision of the authority about any academic purpose to be final.

9. Attached Documents :

- Original Appreciation Letter/Certificate of Previous Pass.
- Passport Size Picture of The Student (2 Copies)
- Photocopy of Online Birth Certificate of The Student.
- Photocopy of NID Card of Father and Mother.

Guardian's Signature

Student's Signature

Based on the above information, the student was allowed admission to the _____ class.

Head Teacher