

Bangladesh Health Professions Institute (BHPI)
CRP, Chapain, Savar, Dhaka-1343, Bangladesh
M.Sc. in Rehabilitation Science

APPLICATION FORM FOR ADMISSION & SCHOLARSHIP

Name of Candidate:					
Father's name:					
Mother's name:					
Date of birth:		Country of Citizenship:			
Country of Permanent residence:		Passport number:			
Present mailing address:					
Permanent address:					
Marital status:		Email:			
Telephone number:	Mobile number:				
EDUCATION:					
Title of the Examinations		Passing Year	Name of school/college/University		% marks/awarded CGPA
Secondary School certificate/O level/equivalent examination					
Higher School certificate/A level/equivalent examination					
Bachelor Level (4 th year)	<u>Name of the degree</u>				
Language of Undergraduate education:		IELTS (Academic Test) Result	Component	Brand Score	Date of IELTS examination: Venue:
			Speaking		
			Listening		
			Reading		
			Writing		
Work experience in year (Please write the name of the organization(s), duration and position)	1. 2. 3. 4.				
Total experience in year:			Total number of publications:		

Publication details	Title of article	year	Name of journal, Vol, no and ISSN no
	1. 2. 3. 4. 5. Please use separate page (if necessary)		

Check list (Attachment)

1	I have attached a copy of my passport	Yes	No
2	I have attached a copy of secondary school certificate/O level /equivalent examination marksheet/transcript	Yes	No
3	I have attached a copy of my Higher secondary school certificate/A level/equivalent examination marksheet/transcript	Yes	No
4	I have attached a copy of my Bachelor program marksheet/transcript	Yes	No
5	I have attached copies all academic certificates	Yes	No
6	I have attached a copy IELTS certificate	Yes	No
7	I have attached all relevant experience certificates as mentioned in this application form	Yes	No
8	I have attached copies of all my journal publications as mentioned in the application form	Yes	No
9	I have attached 6 copies of recent passport size photographs	Yes	No
10	I have attached a motivation letter	Yes	No
11	I have attached two reference letters	Yes	No

Referee 1)

Name:
Designation:
Contact Address:
Phone No:
E-mail:

Referee 2)

Name:
Designation:
Contact Address:
Phone No:
E-mail:

Please send your complete application along with two reference letters.

Undertakings:

The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received.

Name of the candidate :

signature of the candidate:.....Date:.....

SECTION TO BE FILLED BY OFFICIAL

Course Coordinator comments -----

Principal comments-----

Scholarship committee comments:-----

Signature of the course coordinator

Signature of the Principal

Signature of the Executive Director