ARMY MEDICAL COLLEGE CUMILLA

STUDENT INFORMATION SHEET

AMCC-9, SESSION : 2022-2023

1. Date of Admission : ……..

2. MC No: ……..

   Name (English) ……..
   (IN CAPITAL LETTER)
   (বাংলা) ……..

3. Sex : Male ☐ Female ☐

4. Date of Birth :…….. Age :……..……..

5. Blood Group:…….…..

6. Cadet's Mobile Number : ……..…….

7. Cadet's E-mail Address (Compulsory):……...…….

8. Guardian's Information :

   a) Father's Name (English):…….……....
   (IN CAPITAL LETTER)

   (বাংলা) :…….……..

   Occupation:……..…
   (In Details)
   Mobile Number:…….…….

   Father's E-mail Address :…….….

   b) Mother's Name (English):…….
   (IN CAPITAL LETTER)
   (বাংলা) :…….……..

   Occupation:……..……

   Mobile Number:……..……..…….

   c) Present/ Mailing Address (English) C/O:…….……..

   …….

   Present/ Mailing Address (বাংলা) প্রযত্নেঃ……..……..……....

   …….

   d) Permanent Address:…….

   …….

   e) Telephone Number (T&T, if any):……..……

9. Local Guardian :

   a) Name (English) ……..……
   (IN CAPITAL LETTER)

   নাম (বাংলা) ……..……...

   b) Relationship:…….....

   c) Address:…….....

   ……

   d) Mobile Number:…….

10. Information about Scholarship (Board Scholarship) : PSC ☐ JSC ☐ SSC ☐ HSC ☐

11. Do you have siblings (Brother/ Sister) in this College Yes ☐ No ☐

If yes write MC No: Cadet's Name:

12. Information about Academic Career :

Name of Exam	Name of Institution	Board	Exam Year	GPA	Grade
SSC/O'level					
HSC/A'level					

13. Are you suffering from any incurable/Chronic (Hypertension, Diabetics, Asthma etc) desease? : Yes ☐ No ☐

14. Are you involved in any anti state activities:.....

15. Tick the interest of performance of following activities :

a. Drama ☐ B. Music ☐ C. Dance ☐

d. Debate ☐ E. Art ☐ F. Recitation ☐

g. Others (Write in details) ……...

16. Do you have basic computer knowledge : ☐ Yes ☐ No

17. Hobbies : …….....

18. Games/ Sports of interest : …….....

…….....

(This to certify that information given above are correct and if any incorrect information is given I am liable to punish according to College rule)

_____

(Signature of the Cadet)

Name :

Date :

Office use only

1. BUP Registration No. _____
2. BM&DC Registration no. _____

ARMY MEDICAL COLLEGE CUMILLA

Student Information Sheet For Library Card

Amcc- , Session:

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   (IN CAPITAL LETTER)
   (বাংলা) ……..

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4. Date of Birth :…….. Age :……..……..

5. Blood Group:……..…..

6. Cadet's Mobile Number : ……..…….

7. Cadet's E-mail Address (Compulsory):……...…….

8. Guardian's Information :

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   (IN CAPITAL LETTER)

   (বাংলা) :…….……...

   Occupation:…….…
   (In Details)
   Mobile Number:…….…….

   Father's E-mail Address :…….…

   b) Mother's Name (English):…….
   (IN CAPITAL LETTER)
   (বাংলা) :…….……..…...

   Occupation:…….…..……

   Mobile Number:…….……..…….

   c) Present/ Mailing Address (English) C/O:……..

   ……

   Present/ Mailing Address (বাংলা) প্রযত্নেঃ…….……..……...

   ……

   d) Permanent Address:…….

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(Signature of the Cadet)

Name :

Date :

Office use only

1. Lib Card Registration No. _____