



# INTERNATIONAL INSTITUTE OF HEALTH SCIENCES

(A Concern of Japan Bangladesh Friendship Foundation)

## ADMISSION FORM

### Diploma Course

**Diploma in Laboratory Medicine**

**Diploma in Pharmacy**

**Diploma in Dental**

### B.Sc Course

**B.Sc in Laboratory Medicine**

**B.Sc in Physiotherapy**

**B.Sc in Foods Science**

### Masters Course

**Master of Public Health (MPH)**

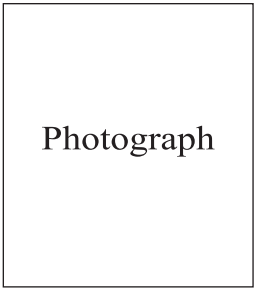


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Sl No.

## 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 :.....

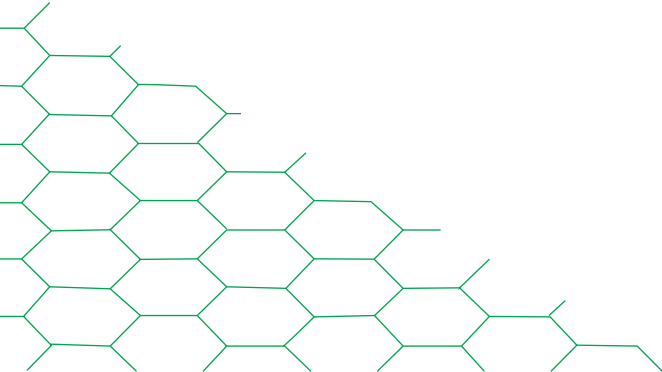
Dist :.....Contact :.....

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 : .....