



# Bangladesh Institute of Medical Science (BIMS)

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## ADMISSION FORM

Please fill up the form and (Tick)

- Diploma in Medical Ultrasound (DMU)
- Certificate in Medical Ultrasound (CMU)
- Certificate in Trans Vaginal Sonogram (T.V.S)
- Certificate in Color Doppler & Echocardiography (CCDE)
- Certificate Saline Infusion Sonogram (S.I.S)
- Certificate in Gynae & Obstetrics (CGOB)
- Short Medical Ultrasound Training Course
- Advance Overseas Ultrasound Training
- One month Internship on Ultrasound
- Certificate in Assisted Reproductive Technology (CART)

Name (Block Letter): .....

Sex: ..... Religion: ..... Date of Birth: ..... Father's or

Guardian's Name: .....

Mother's Name: ..... Mailing  
address: .....

Permanent address: .....

Phone no. (with country & city code): ..... Cell No .....

E-mail: ..... Qualification: .....

Year of Qualification: ..... Name of the college/University form which qualified.....

Course in which interested ..... Experience

Course fee paid (Please tick) Cash /DD / Pay Order / Bank Draft. ....

Amount. .... in word. ....

Declaration : I solemnly declare that I shall abide by the Institute's rules, discipline & will not take part in any activities subversive to the Institute. I accept all terms & conditions mention in the prospectus.

Signature & Date