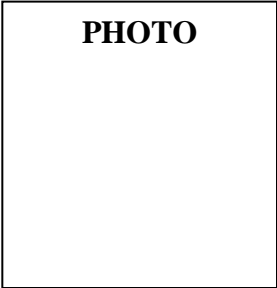




**Mymensingh BNSB Institute of Community Ophthalmology (MBICO)**  
**Run by Dr. K. Zaman BNSB Eye Hospital**

193 Shehora Dhopakhola Road, Mymensingh-2200, BANGLADESH, Phone: 88 091 66982, 67180, Fax: 88 091 63522  
E-mail: bnsbmym@gmail.com mbicomym@gmail.com http:www.bnsbmym.org



**APPLICATION FORM**

**Training in .....**

Preferred Duration (in week) :

Preferred year :

## Personal Information

Name:

Father's Name:

Date of Birth:

Place of Birth:

Sex :

Marital Status:

Mailing Address:

Permanent Address:

Phone No:

Fax : .....

E-mail :

Citizen of:

Passport No. (if foreign applicant)

## Language Known: Tick in the relevant column, if you have a working knowledge:

<b>Language</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>

## **Academic Qualifications**

<b>Name of Examination</b>	<b>Name of Institution &amp; University</b>	<b>Year of Passing</b>

## **Work Experience (Present and Past):**

<b>No.</b>	<b>Organization</b>	<b>From</b>	<b>To</b>	<b>Designation</b>
1.				
2.				
3.				
4.				

## **Experience:**

<b>Discipline</b>	<b>Duration</b>	<b>Place</b>

**Nature of Application (Please tick):**       **Private**     **Institutional**

*(If Institutional , Please give Name & Address of the Institution)*

.....

.....

.....

**Name, designation & address of two referees.**

Name & Designation	Address, E-mail & Phone No.

**Declaration**

I hereby declare that all the information given in this form are true and accurate

Date            :

Place            :

Signature       :

**Certificates and Documents to be sent with the application (send only attested copies)**

1. Educational Certificates.
  2. Experience Certificate.
  3. Letter of Recommendation.
  4. CV
  5. Scanned copy of Passport/ National ID.
  6. Photograph (in higher resolution)
- 

**Office Use:**

<p><b>Selected/Not Selected:</b>      <b>Period:</b> .....      <b>To:</b> .....</p> <p><b>Remarks:</b></p> <p style="text-align: center;">_____ <b>Signature</b></p>
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