



# Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

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Attached  
Photo  
3 copies

## Application Form for Master of Science in Physiotherapy

1. **Name of the Student:** (Use capital letter)

(In English as per S.S.C Examination):-----

(In Bangla as per S.S.C Examination):-----

Contact Number : -----

2. a. **Father's Name:**

( In English as per S.S.C Examination):-----

( In Bangla as per S.S.C Examination):-----

Contact Number : -----

b. **Mother's Name:**

( In English as per S.S.C Examination):-----

( In Bangla as per S.S.C Examination):-----

Contact Number : -----

3. **Present Address:** (In Bangla) .....

.....

4. **Permanent Address:** (In Bangla) .....

.....

6. **Nationality:** .....

7. **Religion:** .....

8. **Date of Birth:** .....

9. **Marital Status:** Unmarried / Married (√)

10. **Blood Group :** .....

11. **Gender:** Male / Female (√)

**11. Educational Qualification:**

Level	Board / University	Year of Passing	Obtained Marks/ GPA
S.S.C			
H.S.C			
<b>BSc.PT</b> (Average marks)			

**12. Work Experience:**

SL#	Name of Organization	Position	Year of experience
1			
2			
3			
4			
5			

*(Please use separate page if necessary)*

**13. Do you have any disability or special needs? (Please describe briefly):**

.....

**Students must enclose the following attested documents with the application form**

- Academic Mark sheets/Transcripts of S.S.C & H.S.C and B.ScPT examinations.
- Evidence of Internship and Work experience.
- No Objection Certificate (NOC) who are in job.
- Original copy of money receipt for admission form.

***All information's given above are true and if found any irregularity or false, any action including cancellation of admission may be taken against me without any notice.***

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(Signature of the Student)

Date: .....

Contact number: ..... Email:.....

**Money Receipt Number:**

**Date:**