|  |  |  |  |
| --- | --- | --- | --- |
| A picture containing company name  Description automatically generated | **Bangladesh Health Professions Institute (BHPI)**  (The Academic Institute of CRP)  PO: CRP-Chapain, Savar, Dhaka-1343  Phone: 02224445464-5, 224441404, Mobile: 01753979041, 01730059616  E-mail: mscinotbhpi@gmail.com | |  | | --- | | Attach 3 copies passport sized photos | |

**Application Form for Enrollment in Master of Science in Occupational Therapy Program**

|  |  |  |
| --- | --- | --- |
|  | **Name of the Candidate:** |  |
|  | 1. In English (Capital Letter): |  |
|  | 1. In Bangla: |  |
|  | **Father’s Name:** |  |
|  | **Mother’s Name:** |  |
|  | **Permanent Address:** |  |
|  |  |  |
|  |  |  |
|  | **Present Address:** |  |
|  |  |  |
|  |  |  |
|  | **Gender:** |  |
|  | **National ID no:** |  |
|  | **Religion:** |  |
|  | **Date of Birth:** |  |
|  | **Contact no:** |  |
|  | **E-mail address:** |  |
|  | **Emergency contact:** |  |
|  | Name of the person: |  |
|  | Relationship with the candidate: |  |
|  | Contact no: |  |

1. **Educational information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Board / University** | **Year of Passing** | **Obtained Marks/ GPA** |
| SSC |  |  |  |
| HSC |  |  |  |
| BSc Honours in OT/ BSc in OT |  |  |  |

**Note: Please mention the average marks of total four years for BSc in OT program.**

1. **Work experience:**
2. **Current work details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Organisation** | **From** | **To** | **Total Duration**  **(In months and years)** | **Designation** |
|  |  |  |  |  |

1. **Previous work details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of the Organisation** | **From** | **To** | **Total Duration**  **(In months and years)** | **Designation** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Note: Please add or delete rows as necessary**

1. Do you have any disability or special needs? **- Yes/ No**

If yes, please describe briefly:

**All information above is accurate, and if any irregularity or false is found, any action, including cancellation of admission, may be taken against me without any notice**.

------------------------------------------

(Signature of the Candidate)

Date: …………………………

**Note: Candidates who will submit online could use the scanned copy of their signature**

|  |  |
| --- | --- |
| **Money receipt number** (Applicable for those applying physically): | **Transaction date:** |

|  |  |
| --- | --- |
| **bKash Transaction ID** (Applicable for those applying online): | **Transaction date:** |

**Note:**

Candidate must enclose the following attested documents with the application form and please remember incomplete application will be treated as cancelled.

1. Academic mark sheet or transcript of SSC, HSC, and BSc Honours in OT/ BSc in OT program
2. Certificate of SSC, HSC, and BSc Honours in OT/ BSc in OT program
3. Certificate of Internship
4. Letter of work experience
5. No objection letter from employer or from appropriate authority for the candidate
6. Attach original copy of money receipt (Applicable for those applying physically) OR clearly mention the bKash transaction ID (Applicable for those applying online)