To

The Registrar

Bangabandhu Sheikh Mujib Medical University, Dhaka.

Subject: Prayer for Affiliation with Bangabandhu Sheikh Mujib Medical University.

Dear Sir,

The Academic Council of .................................................................
................................. (College/Institute) has decided to apply for affiliation of Post-
graduate course/courses to be run in this College/Institute with the Bangabandhu
Sheikh Mujib Medical University. The application form for affiliation, duly filled in, is
enclosed herewith.

Yours faithfully

Signature

Name:

Designation:
# Application Form for Affiliation

**Particulars to be supplied for each course.**

1. Name of the College / Institute: .................................................................
   ............................................................................................................
   ............................................................................................................
   ............................................................................................................

   Address: ...................................................................................................
   ............................................................................................................
   ............................................................................................................

2. Name of the course: ...................................................................................

3. Name of the discipline / subject (applied for) : ........................................

4. Particulars of teachers:

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<th>Name</th>
<th>Designation</th>
<th>Qualification</th>
<th>Total Length of Teaching</th>
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5. **Clinical facilities:**

   a. **Outdoor facilities:**
      - **Space Facilities:** __________ sft.
      - **Number of Doctors:**
      - **Number of Patients per month:** __________
      - **Day care Service:** Yes  No
      - **Outdoor OT facilities:** Yes  No
      - **Any specialized outdoor services:** Yes  No
        (If yes, please describe): ..............................................................

   b. **Indoor facilities:**
      - **Number of Paying Bed:** __________
      - **Number of Non Paying Bed:** __________
      - **Number of Operation Theatre:** __________
      - **Day allocated for Operation per unit:** __________
      - **Investigation facilities:**
        - **Clinical Pathology, number of test per month:** __________
        - **Microbiology, number of test per month:** __________
        - **Bio-chemistry, number of test per month:** __________
        - **Histopathology, number of test per month:** __________
        - **Imaging:**
          - **X-ray, number of test per month:** __________
          - **USG, number of test per month:** __________
          - **CT Scan:** Yes  No  
          - **MRI:** Yes  No  
        - **Others: (if any):** ..............................................................
      - **Any specialized indoor services:** Yes  No
        (If yes Please describe): ..............................................................

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6. Teaching facilities:

Activity

a. Morning session: Yes  No

If yes; how frequently .................................................................

Journal Club: Yes  No

If yes; how frequently .................................................................

Seminar: Yes  No

If yes; how frequently .................................................................

Case-presentation: Yes  No

If yes; how frequently .................................................................

Small group and large group teaching: Yes  No

If yes; how frequently .................................................................

Facility

a. Number of class room: 

Audiovisual arrangement: Yes  No

Multimedia: Yes  No

b. Library facilities:

Number of Text Book: (estimated)

Number of Recent Journal: 

Internet facilities: Yes  No
7. Proposed number of students to be enrolled in the course in each term:

N. B: If necessary please use a separate sheet for additional information

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Signature
Head of the Department

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Signature
Principal /Director of the College/Institute

To be filled in by Bangabandhu Sheikh Mujib Medical University

Verified and found eligible / not eligible for affiliation:

..............................
Signature
Deputy Registrar (Academic)

..............................
Signature
Director (Inspection) Colleges & Post Graduate Institutes

..............................
Signature
Registrar

..............................
Signature
Pro-Vice Chancellor (Academic)