

Bangladesh Institute of Medical Science (BIMS)

N-23, Nurjahan Road, Mohammedpur, Dhaka - 1207, Bangladesh, Phone-880-2-8115932, Call:01714301925,
Fax: 880-2-9123813, E-mail : mabashed@btbt.net.bd, www.bims-bd.com

Certificate, Diploma, MD D. Sc, Ph.D, Fellowship in the following subjects:

- | | |
|--|---------------------------------------|
| ■ Diploma in Medical Ultrasound (DMU) | ■ Orthopedics |
| ■ Certificate in Medical Ultrasound (CMU) | ■ Clinical Medicine |
| ■ Certificate in Echcardiography (CED) | ■ Child Health |
| ■ Certificate in Color Doppler (CCD) | ■ Cardiologly |
| ■ Trans Vaginal Sonogram (T.V.S) | ■ Dermatology |
| ■ Saline Infusion Sonogram (S.I.S) | ■ Tropical Medicine |
| ■ Short Medical Ultrasound Training Course | ■ Gastroentrolgy |
| ■ C.M.E on Medical Ultrasound | ■ Radiology & Imaging |
| ■ Advance Overseas Ultrasound Training | ■ Oncology |
| ■ ARDMS Examination (Canada) | ■ Surgery |
| ■ One month Internship on Ultrasound | ■ Gynaecology, Obstetrics & Fertility |



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 in Ultrasonology (if any)

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

Institute reserves the rights of any alteration in program and schedule. Send this admission form with Photocopies of your documents, including official money receipt , Banks Draft / Pay Order / DD payable to Chairman , Bangladesh Institute of Medical Science (BIMS)

For office use only : Admission allowed / not allowed.

Chairman