

**Office of the Registrar**  
Chittagong Medical University  
BITID Building  
Fouzderhat, Chittagong, Bangladesh  
Phone: 0244075146, 0244075144



রেজিস্ট্রার দপ্তর  
চট্টগ্রাম মেডিকেল বিশ্ববিদ্যালয়  
বিআইটিআইডি ভবন  
ফৌজদারহাট, চট্টগ্রাম, বাংলাদেশ  
ফোন: ০২৪৪০৭৫১৪৬, ০২৪৪০৭৫১৪৪

**Application form for Certificate of Medium of Instruction of**  
**..... Course.**

1. Name: .....
2. Father's Name/Husband Name: .....
3. Mother's Name: .....
4. Mailing Address with Mobile No: .....
5. Name of the College/ Institute: .....
6. Detail description of Exam passed/appeared:

Name of the Course	Reg. No & Session	Duration of the course	Passing year (mention held in the month and year of the exam.)

7. Medium of Instruction of the course is **English** (According to Curriculum).

.....  
Signature of the applicant

.....  
Dealing Assit/Officer

.....  
Deputy Registrar

**Attachment:**

1. 300/- (Three hundred) taka Pay Order in favor of “**Chittagong Medical University**” (Pay order No..... Date.....Bank Name.....)
2. Attested copy of certificate.