



EDUCATION

HONESTY

DISCIPLINE

BAF SHAHEEN ENGLISH MEDIUM COLLEGE (SEMC)

Tejgaon, Dhaka-1206

APPLICATION FORM

Session: 20__ - 20__

Admission Application Form



The following documents must be submitted with the application form

- Photocopy of O Level Mock Test Result (For AS Level admission)
- 1 recent passport size photograph of the student*
- Photocopy of passport of the student**
- Photocopy of passport /NID of parents**

* Attach the photograph in the box available in second page.

** To be submitted to office after the admission.

Student Details

[Please use BLOCK letters only.

Tick mark (✓) the boxes wherever necessary.]

APPLICANT'S NAME: _____

Please ensure spelling of child's name matches that on Birth Certificate/ Passport.
All official records will show the above mentioned name.

Male ☐ Female ☐

Date of birth (dd/mm/yyyy): _____ ; Age: _____

Nationality/ies: _____ ; Religion: _____

Standard/Class applying for: _____ LEVEL

Subjects: Minimum Two and Maximum Four

1. _____ Mock Result: _____ Grade

2. _____ Mock Result: _____ Grade

3. _____ Mock Result: _____ Grade

4. _____ Mock Result: _____ Grade

Previous Study

Name of School: _____

Address: _____

Telephone: _____ E-mail: _____

Last standard/class: _____ Annual Assessment/ Result: _____

Health Information

1. Height: _____ Feet _____ Inches 2. Weight: _____ kg

3. Covid-19 Vaccination: 1st Dose _____ 2nd Dose _____

4. Blood Group: _____ 5. Any physical draw-back? Yes ☐ No ☐

If yes:

6. Any games/sports the candidate needs to avoid? Yes ☐ No ☐

If yes:

Parents' Information

FATHER'S NAME: _____

Nationality: _____ National ID/Passport No. : _____

Educational Qualification: _____ Occupation: _____

Organization: _____ Rank/Designation: _____

Office contact: Telephone: _____ Mobile: _____

Residence Address: _____

_____ Telephone: _____

Mobile: _____ E-mail: _____

MOTHER'S NAME: _____

Nationality: _____ National ID/Passport No. : _____

Educational Qualification: _____ Occupation: _____

Organization: _____ Rank/Designation: _____

Office contact: Telephone: _____ Mobile: _____

Residence Address: _____

_____ Telephone: _____

Mobile: _____ E-mail: _____

Contact Information

College will contact with parents/guardian through notification.

Please provide a valid mobile phone number to receive college information.

Mobile Number: _____

Emergency Contact Number: _____ / _____

E-mail: _____

Declaration

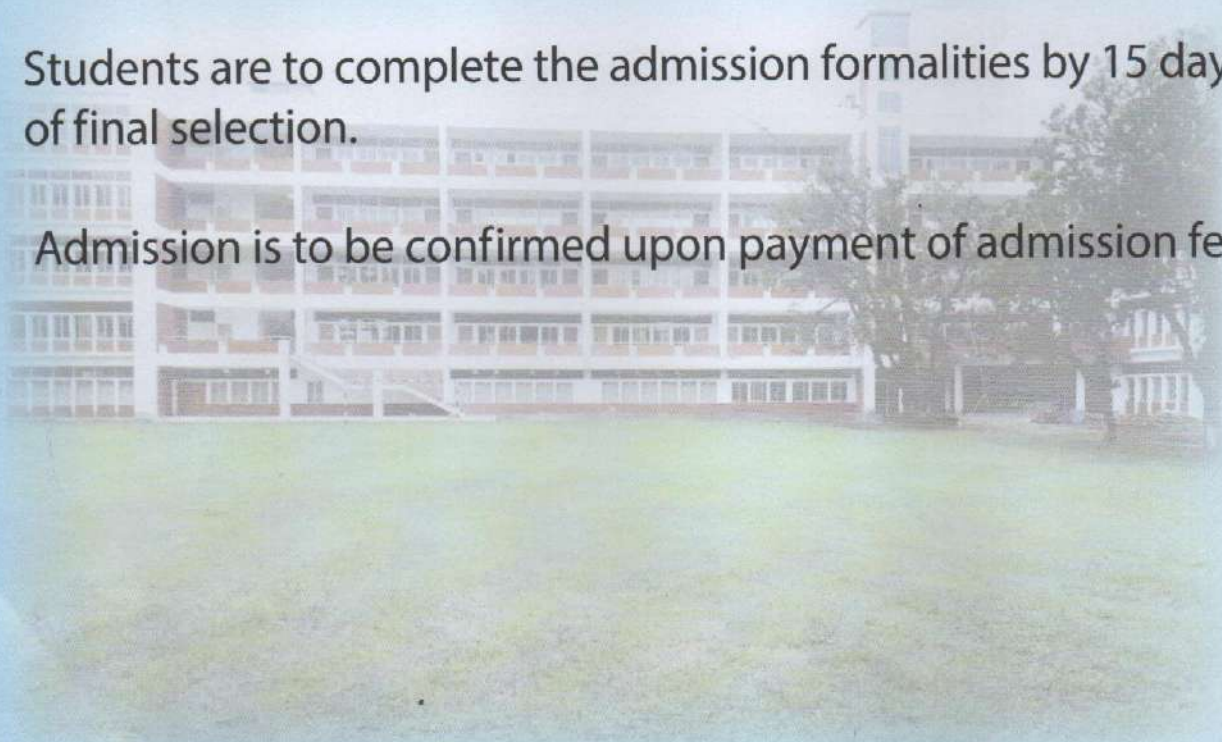
I solemnly declare that the particulars stated above are correct and I pledge that I shall abide by the rules and regulations of the institution.

Date: _____

Parent's signature

Instructions

1. Students are to appear admission test at the mentioned time by the college authority.
2. Students are to complete the admission formalities by 15 days of final selection.
3. Admission is to be confirmed upon payment of admission fee.



For More Information:

Phone : 02-58811460

E-mail : bafsemcdhaka1992@gmail.com

Website: <http://www.bafsemc.edu.bd>

Application form processing fee is BDT 500/- (Non-refundable).