



**BANGLADESH SHISHU HOSPITAL & INSTITUTE**  
 SHER-E-BANGLA NAGAR, DHAKA-1207  
 TELEPHONE: 02-55059051 - 60; Ext – 409

**APPLICATION FORM**

Roll No

Photo

**Course: Diploma in Paediatric Nursing**

**Session: 2025 – 2026**

1. Name in full (**BLOCK LETTERS**) :
2. Father's Name/Husband's Name :
3. Mother's Name :
4. Date of Birth : .....
5. Present address (**Mailing address**) : .....
6. Permanent address : .....  
 Contact No/Mobile No:.....  
 : .....  
 : .....
7. Nationality : .....
8. Religion : .....
9. Marital Status :  Single     Married     Others
10. Blood Group : .....
11. Academic Result : (a) SSC \_\_\_\_ (b) HSC \_\_\_\_ (C) Basic B.Sc. /Diploma \_\_\_\_
12. Application Fee: ....., Money Receipt no: ..... Dt: .....

Date:

Signature of applicant

Name of Scrutinizer:	ELIGIBLE	NOT ELIGIBLE
Signature of the Scrutinizer:		

**Following papers/documents have to be attached with application**

1. 3 copies of Recent Passport size photograph (Attested)
2. Attested photocopy of Basic B.Sc. in Nursing /Diploma in Nursing Science & Midwifery Certificate/Testimonial
3. Attested photocopy of Basic B.Sc. in Nursing /Diploma in Nursing Science & Midwifery Mark sheet
4. Attested photocopy of SSC &HSC or equivalent certificate.
5. Attested photocopy of Registration Card of Nursing Council.
6. Nationality Certificate from U.P Chairman or Ward Commissioner/NID Card.

**Other information**

❖ Application with wrong information and incomplete application will be rejected.