

**Institute of Epidemiology, Disease Control and Research (IEDCR)**  
**Clinical Epidemiology Course**  
**Application Form**

<b>Name:</b>	(In English)	
	(In Bangla)	
<b>Date of birth:</b>	DD/MM/YYYY	
<b>Government Applicant</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Govt. Applicant</b>	BCS <input type="checkbox"/>	Adhoc <input type="checkbox"/>
<b>If BCS, Specify BCS batch</b>		
<b>Present working place:</b>		
<b>Present postal address:</b>		
<b>Telephone:</b>	Landline:	
	Cell:	

<b>Education:</b>		<b>Institute</b>	<b>Year</b>	<b>Result</b>
	SSC			
	HSC			
	MBBS/BDS / Others			

<b>Post-Graduation:</b>	Subject		
	course		
	Institute		
	Current Status	Just enrolled <input type="checkbox"/>	Completed <input type="checkbox"/>

	Posting places	Duration	Position
<b>Work experience:</b> <b>(start with the latest)</b>			
<b>Previous research experience</b>			
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<b>Publication (If any)</b>			
<b>Reference (If any)</b>			