



**OPSONIN PHARMA LIMITED**  
30 NEW ESKATON ROAD, DHAKA 1000  
**finix® Scholarship**  
(Pls. fill in all information in BLOCK LETTER)

**PERSONAL INFORMATION**

Applicant Name (Full): \_\_\_\_\_ Sex: Male/ Female

Cell no: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name: \_\_\_\_\_ Cell no: \_\_\_\_\_

Occupation: \_\_\_\_\_ Organization (if): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell no: \_\_\_\_\_

Occupation: \_\_\_\_\_ Organization (if): \_\_\_\_\_

Guardian: \_\_\_\_\_ Cell no: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Total Family Members: \_\_\_\_\_

Present Address		Permanent Address	
C/O:		C/O:	
House no.:	Flat:	House no.:	Flat:
Vill:	Post:	Vill:	Post:
Post Code:	P.S.:	Post Code:	P.S.:
District:	Division:	District:	Division:

**PERSONAL INFORMATION**

Name of Medical College:				
Year:	Roll No.:	Session:	Batch:	
Exam	Year	College/School Name	Board	cGPA
HSC				
SSC				
JSC				

**TERMS & CONDITION**

<ul style="list-style-type: none"> <li>Applicant must be a Bangladeshi citizen</li> <li>First-year students are eligible to apply</li> <li>Applicant must have GPA-5 in SSC &amp; HSC</li> <li>Duration of scholarship is 5 years period</li> </ul>	<ul style="list-style-type: none"> <li>Scholarship will be cancelled if submitted documents are unauthorized</li> <li>Scholarship will be cancelled if scholar fail in their professional exam</li> <li>Scholarship will be cancelled if medical studentship cancel by the authority</li> </ul>	<ul style="list-style-type: none"> <li>Scholarship will be cancelled if discontinue MBBS study</li> <li>Opsonin Pharma Ltd. can withdraw the scholarship under any circumstances</li> </ul>
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**REQUIREMENT**

<ul style="list-style-type: none"> <li>Attested NID or Smart-Card or Birth-certificate photocopy</li> <li>Attested 02 copies of recent passport size photo</li> <li>Attested JSC, SSC &amp; HSC academic</li> </ul>	<ul style="list-style-type: none"> <li>certificate &amp; mark sheet</li> <li>Attested Medical college registration form or ID card photocopy</li> <li>Recommendation letter from Principal of the Medical college</li> </ul>
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ADDRESS
Medical Services Department (MSD), Level #4, 30 New Eskaton Road, Corporate Headquarter, Dhaka-1000, <b>Web:</b> <a href="http://www.opsonin-pharma.com">www.opsonin-pharma.com</a> ; <b>Facebook:</b> facebook.com/OpsoninPharma E-mail: <a href="mailto:nh@opsonin.net">nh@opsonin.net</a> ; <a href="mailto:kutub@opsonin.net">kutub@opsonin.net</a> Mobile: +8801730034635; +8801730034111

*N.B: \*Selected candidate for scholarship will be announced over phone  
\*Envelop Headline: Application for "FINIX Scholarship"*

Signature & Date of Applicant

Signature & Date of Principal