

Personal Information

Applicant Name (Full): Sex: Male/ Female

Cell No.: Email: Date of Birth: ____/____/____

Father's Name: Cell No:

Occupation: Yearly Income: Organization (if):

Mother's Name: Cell No.:

Occupation: Yearly Income: Organization (if):

Guardian: Cell No.:

Occupation: Relationship: Total Family Members:

Yearly income of dependable person (If any):

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

Educational Background

Name of Medical College:				
Year:	Roll No.:	Session:	Batch:	Last Prof. Result:

Exam	Year	Institute	Board	GPA
HSC				
SSC				
JSC				

TERMS & CONDITIONS

<input checked="" type="checkbox"/> Applicant must be a Bangladeshi citizen <input checked="" type="checkbox"/> MBBS students (Session 2019-2020 & 2020-2021) are eligible to apply. <input checked="" type="checkbox"/> Applicant must have GPA-5 in SSC & HSC <input checked="" type="checkbox"/> Duration of scholarship is from August-2022 to till final professional exam.	<input checked="" type="checkbox"/> Scholarship can be cancelled for following: (if) <ul style="list-style-type: none"> <input type="checkbox"/> Submission of unauthorized documents <input type="checkbox"/> Failure in their professional exam <input type="checkbox"/> Admission cancellation/rustication by the medical college authority. 	<input type="checkbox"/> Discontinuation of MBBS study <input checked="" type="checkbox"/> Moreover, Opsonin Pharma Ltd. reserves the right to withdraw the scholarship under any circumstances.
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REQUIREMENTS

<input checked="" type="checkbox"/> Attested NID or Smart-Card or Birth-certificate photocopy <input checked="" type="checkbox"/> Attested 02 copies of recent passport size photo <input checked="" type="checkbox"/> Attested JSC, SSC & HSC academic certificate & mark sheet	<input checked="" type="checkbox"/> Attested Medical college registration form or ID card photocopy <input checked="" type="checkbox"/> Recommendation letter from Principal of the Medical college
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N.B.: *Envelop Headline: Application for "FINIX Scholarship"

*Selected candidate for scholarship will be informed over phone/SMS

ADDRESS

Medical Services Department (MSD), Level #4,
30 New Eskaton Road, Corporate Headquarters,
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Mobile: +8801730034290; +8801730034406

Signature & Date of Applicant

Signature & Date of Principal