



KUMUDINI WOMEN'S MEDICAL COLLEGE

Mirzapur, Tangail, Bangladesh.

Phone: 880-2-9849637, 9842778, (09229) 56172

Following documents & information is required to withdrawn stipend from Secondary and Higher Secondary Education Board

| | | |
|-----|--|----------------------------------|
| 1. | Category | (Talent pool/ General) |
| 2. | Last Examination Name | HSC |
| 3. | Board | |
| 4. | Registration No(HSC) | |
| 5. | Roll No(HSC) | |
| 6. | Student Name | |
| 7. | Class (1st/2nd/3rd/4th/5th)Year | |
| 8. | Birth Registration No | |
| 9. | Father's Name | |
| 10. | Father's NID | |
| 11. | Mother's Name | |
| 12. | Mother's NID | |
| 13. | Guardian's Name | |
| 14. | Guardian's NID | |
| 15. | Permanent Address (Student) | |
| 16. | Division | |
| 17. | District | |
| 18. | Upazila/Thana | |
| 19. | Mobile No | |
| 20. | Current Institute Name | kumudini Women's Medical College |
| 21. | Current Institute EIIN | |
| 22. | Current Institute Mobile | |
| 23. | Passed Institution Name | |
| 24. | Passed Institution EIIN | |
| 25. | Student's Account Number | |
| 26. | Bank Name | |
| 27. | Bank Branch | |

Above Mention Information (softcopy) send to kwmc_hospital@yahoo.com by 18.01.2020