

PP attested by  
HoD



Tk-  
May be received  
Controller, BUHS

## Bangladesh University of Health Sciences

To  
The Controller of Examinations  
Bangladesh University of Health Sciences

Sub: Application for Transcript / Grade Certificate/ Certificate (original/ Provisional)

Name of the Student:

Father' name :

ID No:

Mother's name :

Unique ID No:

Admission Session Spring / Fall:

Program:

Present Address with Phone No:

Course Title and Code:

Total Credit -----Thesis/Non-Thesis

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....
8. ....
9. ....
10. ....
11. ....
12. ....
13. ....
14. ....

15. ....
16. ....
17. ....
18. ....
19. ....
20. ....
21. ....
22. ....
23. ....
24. ....
25. ....
26. ....
27. ....
28. ....

(cont.p.2)

Applicant's Signature

Clearance from:	Remarks	Teacher's/ Officer's Name & Designation	Signature:
Department			
Library			
Registrar's Office			
Account's Department			

(Submitted along with SSC/ Equivalent Certificate Photocopy)

**Course Title with Code:**

- 29-----
- 30-----
- 31-----
- 32-----
- 33-----
- 34-----
- 35-----
- 36-----
- 37-----
- 38-----
- 39-----
- 40-----
- 41-----
- 42-----
- 43-----
- 44-----

- 45-----
- 46-----
- 47-----
- 48-----
- 49-----
- 50-----
- 51-----
- 52-----
- 53-----
- 54-----
- 55-----
- 56-----
- 57-----
- 58-----
- 59-----
- 60-----