

<mark>जश्री कल्ल जव किर्कि उत्थवात्रि वद्य ह्लथ आश्र्</mark>क AGRANI COLLEGE OF PHYSIOTHERAPY AND HEALTH SCIENCE

Tel: 02-22241260, Mobile: 01615451527, E-mail acphsbd@gmail.com Web: www.acphs.edu.bd, Address: W-8, Nurjahan Road, Mohammadpur, Dhaka-1207.

Scholarship Application Form for ACPHS Scholarship Program

Session: 20__ -20__ Year: Dec, 2025

To be filled by applicant (Incomplete applications will not be considered, please write clearly)

Section A. Personal Information of Applicant (As per Certificates):

A1	First Name									
A2	Surname									
A3	Date of Birth (dd/mm/yyy)									
A4	Sex	Male O	Female	0		•				
A5	Current Contact Address	Village			Police Station					
		Province	District							
A6	Home District									
A7	Contact Numbers (please fill this in as we will contact you through this number if you are shortlisted)	Name of contact person/owner (write "own" if you				Teleph	ione/ C	ell phon	e Nun	nber
	Telephone/Cell phone Contact 1									
•	Telephone/Cell phone Contact 2									
A8	Who currently supports your educa Tick as many as applicable for you	Myself Father Scholarship Mother Foster Parents Other								
A9	How much is the school fees per te current school?									

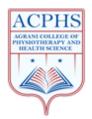


<mark>जश्री कल्लक जव किकिअध्यात्रि এद्घ ट्लथ आध्न्स</mark> AGRANI COLLEGE OF PHYSIOTHERAPY AND HEALTH SCIENCE

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Section B. Household Information:

B1	Father's Name	B2	Is he alive? Yes No			
	Father's Education	B4	Father's Occupation:			
В3	Father's Education	Б4	-			
D.5	M. d. A. M.	De	Monthly Income:			
B5	Mother's Name	B6	Is she alive? Yes No			
			Mother's Occupation:			
В7	Mother's Education	B8	Monthly Income:			
B9	Who do you live with? Both Parents Mothe	er Onl	y O Father Only O			
D)	who do you live with: Both I arches O Mothe	ı Om	y C Patrici Only C			
D10	N. ACL : 24 C	. /	1'			
B10	Name: (If living with foster parents/guardian)					
B11	Occupation: (If living with foster parents/guardian)					
B12	Have you benefited from any sponsorship before?	Yes	O No O			
	If yes, Name the Sponsor:					
B13						
D13						
B14	Are you still receiving support from this sponsor?	Yes	O No O			
	If no, Why not?					
D15						
B15						



ब्रध्नी कल्लें ब्रेट क्रिक्तिउथमि वर्र हलेथ **प्रा**क्ति

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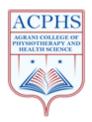
Section C. Status of Applicant:

C1	Do you have any form of disability? Yes No					
C2	If yes, What form of disability?					
C3	How many brothers and sisters do you have?					
C4	How many of them are studying?					
C4.a	Are any of your brothers or sisters ACPHS Scholars? Yes No					
C4.b	If yes, write their full name:					
Section D. Academic Information (This section is mandatory fill it for your						

tion D. Academic Information (*This section is mandatory, fill it for your* application to be considered. Remember to write everything clearly)

D1. Education:

Program Attended	Passing Year	Group	Institution/Bo	ard/University	Division/Class	Marks/CGP A without 4 th Subject	
SSC/ O Level							
HSC/ A Level							
Others							
	School Friend/word of mouth Other, Specify						
I declare that all the information provided here is true and accurate to the best of my knowledge, and I have read and understood the note to applicants below:							
Applicant:			Endorsed by parent/guardian				
Signature and Date			Signature and Date				
Name:				Name:			



অগ্রণী কলেজ অব ফিজিওথেবাসি এন্ত হেলথ মাহান্স AGRANI COLLEGE OF PHYSIOTHERAPY AND HEALTH SCIENCE

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E1	Authorities use only					
Remarks from ACPHS	Decision of ACPHS					
Respected donors' information and no	otes					
Name of donor:		DL				
Name of donor:		Phone no:				
Donor ID from ACPHS:	Address:					
Bank						
details:						
Donor compliment about applicant:						
		Donor sign and seal				
		Donor sign and sear				
Coordinator's sign and seal	seal Chairman's sign and seal					
Coordinator 5 51gii and 50ai	Principal's sign and	Chairman 5 Sign and 3Car				