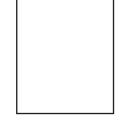


# ORION PHARMA MEDICAL SCHOLARSHIP

## Orion Pharma Welfare Trust

153-154, Tejgaon I/A, Dhaka-1208 www.orionpharmabd.com



Scholarship Program for 2015

## PERSONAL INFORMATION

Full Name of Applicant (in block letter)		
Present Address	Permanent Address	Sex
	C/O:	Religion
	Vill:	Phone/ Cell No.
	P.O.	Email
	P.S.	Address
	Dist:	Date of Birth

#### **ACADEMIC INFORMATION**

		1				
Name of	Medical College					
Year		Roll No.		Session		
Exam	Name of School/College		College	Board	Year of Passing	Marks/GPA Obtained
S.S.C						
H.S.C						
Merit Position in Medical Admission Test (for the student of 1st Year)						

#### FAMILY BACKGROUND

Relation	Name		Age	Occupation	Yearly Income
Father					
Mother					
Guardian (in absence of Father)					
Brother/ Sister					
Have you had any other scholarship? If YES please indicate amount of grant, duration & name of organization					

Signature of Applicant	Signature of Principal
Date:	Date: