



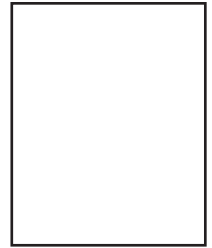
The Future is Ours

ORION PHARMA MEDICAL SCHOLARSHIP

Orion Pharma Welfare Trust

153-154 Tejgaon I/A, Dhaka-1208

www.orionpharmabd.com



Scholarship Program for 2024

PERSONAL INFORMATION

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

ACADEMIC INFORMATION

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

Date:.....

Signature of Principal

Date:.....