Learn, Lead and Live
KHULNA UNIVERSITY

BIOTECHNOLOGY AND GENETIC ENGINEERING DISCIPLINE

STUDENT DATA FORM

For Sessional Tour

Photo

INFORMATION

Academic Session :
Student ID :
Term :
Attached Hall Name :
Room No. :

Course Code:
Mobile No. :
Mobile No. (WhatsApp) :
Email :
Social Media Link :

STUDENT INFORMATION

Name : NID/BR No.:

Program Level : ☐ B.Sc. ☐ MS ☐ Ph.D. Date of Birth: / /

Gender: ☐ Male ☐ Female Nationality : Religion :

Present Address: (City/ Village)

Road No. : House No.: Post Office :

Police Station : District : Post Code :

Permanent Address: (City/ Village)

Road No. : House No.: Post Office :

Police Station : District : Post Code :

GUARDIAN INFORMATION

Fathers Name : Mobile No. :

Mothers Name : Mobile No. :

Local Gurdian Name : Mobile No. :

Home Address (if different from the student):

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship to the Student: Mobile No. :

MEDICAL INFORMATION

Does the student have any allergies? ☐ Yes ☐ No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please list: _____

BLOOD GROUP

☐ O (+) ☐ A (+) ☐ B (+) ☐ AB (+)
☐ O (-) ☐ A (-) ☐ B (-) ☐ AB (-)

Report of Physical Fitness of the Student by University Medical Officer .....

Signature of Medical Officer (with seal) _____ Date: / /

OTHERS

Course Teacher Signature:
Date: / /

Discipline Head Signature:
(with seal)
Date: / /

Guardian Signature:
Date: / /

Student Signature:
Date: / /