



Jatiya Kabi Kazi Nazrul Islam University
Trishal, Mymensingh- 2220
MDS(Weekend) Program

Attach a passport size photo

Session:

Academic Information (Fill up by office) :

Roll No : **Reg.No :**
Department **Faculty :**

Personal Information :

Name : **Marital Staus :**
Father's Name : **Occupation :**
Mother's Name : **Occupation :**
Date of Birth : **Religion.....**
Present Address : Village/ House No : **Post office :**
Thana : **District :**
Permanent Address : Village/ House No : **Post office :**
Thana : **District :**
National ID no : **Phone /Mobile Number.....**

Father/Guardian's Name &Address :

Village/ House No : **Post office :**
Thana : **District :**
Phone /Mobile Number :

Name of Exam	Institutions	Board/University	Year of Passing	Subjects	Grade/ Division/Class

.....
Signature of the Student

.....
Assistant Director
MDS (Weekned) Program

.....
Director
MDS (Weekned) Program

.....
Signature of Program
Advisor
MDS (Weekned) Program

Checked by office : 1. Yes 02. No

.....
Signature of Official

Amount of Deposit :

Name of Bank & Branch :

Receipt No :

Date of Deposit :

Declaration

I am declaring that all information provided above is true and correct. I am obliged to abide by all the rules and regulations provided by Jatiya Kabi Kazi Nazrul Islam University. As long as I am a student of this University, I promise that I shall not involve with any activities (directly or indirectly) which is subversive for the state or University . I shall not smoke within the university premises. I shall not involve with any political activities in the university campus. If I disobey this promise, university authority will empower to take any lawful action against me.

.....
Signature of the Student

Submit the following papers with admission form:

1. Attested copies of all certificates and marks sheets.
2. One copy stamp size recent photograph.
3. Bank receipt.