

Form Serial No.

M. A. (EVENING) PROGRAMME
Department of Information Science and Library Management
Faculty of Arts
University of Dhaka

Passport
Size
Photograph

Roll No.

Application for Admission

Name of the Applicant (in capital letter):

Father's Name:

Permanent Address:
.....

Present Address:
.....

Occupation: E-mail (if any):

Mobile Number: (House): (Fax):

Educational Qualifications:

School/College/Institution/University	Degree Obtained	Year	GPA/Division/Class

Professional Experience (if any):

Organization	Position Held	Period	
		From	To

I certify that the information provided in this application form is true and correct. I understand that my application for admission will be cancelled if any information is found untrue.

Date:

(Signature of the Applicant)

Form Serial No.

(For Official Use only)

Roll No.

Scores of Results of Examination: Scores of Years of Professional Experience:

Admission Test Score: Interview Score:

Total Marks:

Date:

(Signature of the Coordinator)

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Admit Card
(Please bring it to the Examination Hall)

Name of the Applicant :

Father's Name :

Date :

(Signature with Seal)

Admission Test: 20-12-2019

Time: 3:30pm

Place: Dept. of Information Science and Library Management, Arts Building (Ground Floor) University of Dhaka