



ASIAN UNIVERSITY OF BANGLADESH

Campus: House-25, Road-5, Sector-7, Uttara Model Town, Dhaka-1230

Tel: 8916116, 8920709, 8922992, 8950729

Mobile: 01678-664413, 01678-664419, Fax: 880-2-8916521

Attach 4 copies of
coloured passport-size
photograph

APPLICATION FOR ADMISSION

(To be filled in by the applicant)

I.D.No. _____ Batch: _____
(For office use only)

Name of Program: _____ Group: _____

Choice of Campus/Unit : (Uttara/Motijheel) Preference: 1st _____ 2nd _____

Semester: Spring (Jan.-Apr.) Summer (May-Aug.) Fall (Sept.-Dec.) Year: 201

I. PERSONAL INFORMATION:

Full name in capital letter: _____ Mobile: _____
(according to SSC certificate)

Date of birth: Day _____ Month _____ Year _____

Place of birth: Vill /City _____ Upazilla/Dist _____ Country _____

Citizenship: _____ Religion: _____

Sex: Male Female Marital status: Single Married

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

Guardian's name: _____ Occupation: _____
(if different from father)

Monthly income of father/guardian/Self: _____
(with supporting document)

Permanent address: _____

Mobile: _____

Present address: _____

Mobile: _____

Person to be notified in case of emergency:

Name: _____ Mobile: _____

Address: _____

Approved _____ Director (Admission & Records)

II. EDUCATIONAL INFORMATION

(a) Provide in chronological order, institutions attended and examinations passed. Begin with SSC or equivalent.

Name of institution	Name of examination	Roll No.	Division/Class/CGPA	Board/University	Year of passing