

ISHAKHA ITERNATIONAL UNIVERSITY

BANGLADESH

461, Nilgonj Road, Sholakia, Kishoregonj. Contact: 01193199468, 01193198745 Email: ishakhauniversity@gmail.com, Web: www.ishakha.info.com.bd

3 Copies recent Passport size colour Photographs

Application for Admission

DD MM YYY	YY (USE BLOCK LETTERS ONLY)
Date:	Student ID No.
Application for adm	nission in 20 Spring (Jan-Apr) Summer (May-Aug) Fall (Sep-Dec)
Programs:	Under Graduate
Name of Course/De	partment:
Personal Details	
Full Name :	T ETSURAL DELIANS
	First Name Middle Name Last Name
National ID :	Blood Group:
Date of Birth :	D D M M Y Y Y Y Place of Birth:
Country :	Citizenship:
Sex :	Male Female Marital Status: Married Unmarried
Religion :	Nationality:
Contact No. :	E-mail:
Father's Name :	
Mother's Name :	
Mailing Address :	Holding: Street/Road: Area/Vill:
	P.O.: Postal Code:
	P.S.: Dist:
Permanent Address:	Holding: Street/Road: Area/Vill:
	P.O.: Postal Code:
	P.S.: Dist:
Sponsor	
Name :	Relation:
Address:	
Educational Information	
Name of Examination	Name of Institution Year of Passing Board/University GPA/Division /Class
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Experience Institution/Organization: Address: Period Employed: Position/Title: Declaration of the applicant I, do hereby, declare that if admitted to Ishakha International University, Bangladesh, I will be bound to abide by the rules and regulations of the University. I also, certify that the information provided in the application form is true and complete. I am aware that withholding information requested in this application will make me ineligible for admission to IIUB, and will render me liable for dismissal and forfeiture of financial payment and academic credits in Ishakha International University. Signature of the Applicant Full Name Date: Declaration of the Sponsor By signing means, I am responsible to pay all fees to Ishakha International University; and for any outstanding payment, the University authority shall not allow my to seat for any examination or may not issue any Certificate/ Transcript or can take any legal action against me. Signature of the Sponsor Full Name Date: For University Use only Test Scores: IIUB Admission Test : Score based on SSC & HSC or equivalent exam GPA: Admission officer Head of The Department Register Comment: Comment: Comment: Student's ID: Location: Sign: Sign: Sign: **Application Check List** Use the following check \(\sqrt{l} \) list to ensure that your application package is complete. Under Graduate Program's Applicant must Submit: Graduate Program's Applicant must Submit: ☐ Complete Application for Admission ☐ Complete Application for Admission ☐ 3 Passport size colour photographs ☐ Complete resume/Curriculum Vitae ☐ Admission Fee ☐ 3 Passport size colour photographs ☐ Official Copy of SSC Certificate ☐ Admission Fee ☐ Official Copy of SSC Transcript ☐ Official Copy of SSC Certificate ☐ Official Copy of HSC Certificate ☐ Official Copy of SSC Transcript ☐ Official Copy of HSC Transcript ☐ Official Copy of HSC Certificate ☐ Official Copies of other Certificates, Transcripts ☐ Official Copy of HSC Transcript ☐ Official Copy of Bachelor Certificate ☐ Official Copy of Bachelor Transcript ☐ Official Copies of other Certificates, Transcripts Letter from employer confirming employment in a management position for at least 3 years.

Signature of Applicant