Ishakha International University, Bangladesh  
Faculty of Agriculture  
Primary Application Form  
For Admission in BSc. (Hons in Agriculture)  
Year: 201__  
Semester: ☐ Spring  ☐ Summer  ☐ Fall

Serial No.-  
Name of the Applicant:  
Roll No.-  
Paid Amount: Taka 100/=  

Received by  
Signature of the authority

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Faculty of Agriculture  
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For Admission in BSc. (Hons in Agriculture)  
Year: 201__  
Semester: ☐ Spring  ☐ Summer  ☐ Fall

Serial No.  
Roll No.  

1. Name of the Applicant:  
2. Father's Name:  
3. Mother's Name:  
4. Mailing Address:  
Contact No.

5. Result of S.S.C/Equivalent and H.S.C/Equivalent Examination:  
   5.1 S.S.C/Equivalent: Group:  Board:  Roll No.:  Year:  Division/GPA  
   5.2 H.S.C/Equivalent: Group:  Board:  Roll No.:  Year:  Division/GPA  
   5.3 Diploma: Group:  Board:  Roll No.:  Year:  Division/GPA  

5.4 Subject based Grade in HSC/Equivalent Examination:  

<table>
<thead>
<tr>
<th>Subject</th>
<th>4th Subject</th>
<th>Total GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtained Letter Grade/Number</td>
<td></td>
<td></td>
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</tbody>
</table>

5.5 Obtained GPA/Marks in S.S.C/ Equivalent Examination:  
5.6 Obtained GPA/Marks in H.S.C/ Equivalent Examination:  
6. Total GPA obtained in S.S.C/Equivalent and H.S.C/Equivalent Examination:  

I, do hereby, declare 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)

Instruction:  
a) The application form must be filled by the applicant.  
b) Photocopy of Transcript/ Mark Sheet must be attached.  
c) Photocopy of Registration Card of both S.S.C/Equivalent and H.S.C/Equivalent Examination must be attached.

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Ishakha International University, Bangladesh  
Faculty of Agriculture  
For Admission in BSc. (Hons in Agriculture)  
Admit Card  
Year: 201__  
Semester: ☐ Spring  ☐ Summer  ☐ Fall

Serial No.  
Roll No.

Name of the Applicant:  
Signature of the Applicant:  
Admission Test:  
Time:  
Date: ________________  
(Signature of the Authority)