



Admission Form

OFFICE USE ONLY

| | Арр | | | | | | | | |
|---------------|------|--------------------------|-----------------------------|--|--|--|--|--|--|
| | Stu | dent ID No. | Passport Size Photo (Color) | | | | | | |
| | Rec | eived Date | | | | | | | |
| | Rec | eived by | | | | | | | |
| <u>Part:A</u> | | | | | | | | | |
| | Name | Block Letters In English | | | | | | | |
| | | In Bangla | | | | | | | |
| Program | Unc | lergraduate | CSE BBA ECE | | | | | | |
| | Gra | duate | MSc. in CSE MBA | | | | | | |
| Pro | Aca | ademic Year | 2 0 - 2 0 | | | | | | |
| | Мо | de of Entry | Fresher Transfer | | | | | | |

Institute of Science and Technology (IST)

(affiliated with National University of Bangladesh)

Part: B

1. Personal Information

| 1.1 | Gender: | | Male | | | Fen | nale | | | | |
|----------|--|---------------------------|-------------------------|-------|---|-------------------------------------|------------|-----|--|--|--|
| 1.2 | Date of Birth (as per SSC) | DD | MM | Y | Y | 1.3 | Blood Grou | p : | | | |
| | | City/Village | City/Village : | | | ntry : | | | | | |
| 1.4 | Place of Birth | | | | | | | | | | |
| 1.5 | Nationality : | | | 1.6 | Reli | Religion : | | | | | |
| 1.7 | Marital Status : | : | | 1.8 | Ema | Email : | | | | | |
| 1.9 | Residence Pho | one : | | 1.10 | Mobile Phone : | | | | | | |
| 1.11 | Permanent Ad | Idress | | | | | | | | | |
| | Apartment Number | er House/ I | House/ Holding/ Plot Nu | | | Road/ Street Number Road/ Street Na | | | | | |
| | | | | | | | | | | | |
| | Area/Village | Post O | Post Office | | | City/ Upazilla | | | | | |
| | | | | | | | | | | | |
| District | | Post co | Post code | | | Country | | | | | |
| | | | | | | | | | | | |
| 1.12 | Present Address/ mailing Address (If different from above) | | | | | | | | | | |
| | Apartment Number | er House/ I | Holding/ Plot | Numbe | er Road/ Street Number Road/ Street Nar | | | | | | |
| | | | | | | | | | | | |
| | Area/Village | Post O | Post Office | | | City/ Upazilla | | | | | |
| | | | | | | | | | | | |
| | District | Post C | Post Code | | | Country | | | | | |
| | | | | | | | | | | | |
| 2. | Family Inform | Family Information | | | | | | | | | |
| 2.1 | Father's Full N | Father's Full Name : | | | | | | | | | |
| 2.2 | Father's Occupation : 2.3 Nationality : | | | | | | | | | | |
| 2.4 | Employer/ Bus | Employer/ Business Name : | | | | | | | | | |
| 2.5 | Mobile Number : | | | | 2.6 | Ema | il: | | | | |

| 2.7 | Mother's Full Name : | | | | | | |
|------|--|-----------|--|--|--|--|--|
| 2.8 | Mother's Occupation : | 2.9 | Nationality : | | | | |
| 2.10 | Employer/ Business Name : | | | | | | |
| 2.11 | Mobile Number : | 2.12 | Email : | | | | |
| 2.13 | Guardian's Full Name : (if different from above) | | | | | | |
| 2.14 | Guardian's Occupation : | 2.15 | Nationality : | | | | |
| 2.16 | Employer/ Business Name : | | | | | | |
| 2.17 | Mobile Number : | 2.18 | Email : | | | | |
| 2.19 | Emergency Contact Person : Father | M | other Guardian | | | | |
| 2.20 | Family Income (Annual) <2,20,000 BDT 2,20,00 | 00 - 5,0 | 0,000 BDT 5,00,000 - 10,00,000 BDT Above 20,00,000 BDT | | | | |
| 2.21 | Student's Source of Financing : Parent | | Guardian Self | | | | |
| 2.22 | Do you have any siblings currently enrolled a | at IST? | | | | | |
| | NO Yes if yes, ID Num | nber(s) : | | | | | |
| 2.23 | Are you physically affected from any contagi | ious/ ir | nfectious diseases? | | | | |
| | NO Yes if yes, attach | medical | Records. | | | | |
| 2.24 | Do you have any physical or mental disability | y? | | | | | |
| | NO Yes If yes, attach | relevan | t documents. | | | | |
| 2.25 | Have you ever been convicted of any crimina | al offen | ices? | | | | |
| | NO Yes If yes, attach | relevan | t documents. | | | | |
| 3. A | cademic Information | | | | | | |
| 3.1 | Have you ever been enrolled at IST before? |] NO [| Yes Student ID No. (If yes): | | | | |
| 3.2 | Did you discontinue any undergraduae/ graduate pro | gram in | any other private/ public university? | | | | |
| | NO Yes If yes, the reason for disc | ontinua | ition: | | | | |
| | Name of the Program : | | | | | | |
| | Name of the Institution : | | | | | | |

| 3.3 | Please | provide the names of all degrees completed | | | | | | | | | |
|--|--------------------------|--|-------|------------------|---------|-----------------------|-----------|-----------------|--------------------------|-------------------------|--|
| Examination | | Board/ University | | Institution | | Groups/ Discipline | | Year of passing | | Division/ Grade/Clas | |
| SSC/ Equivalent | | | | | | | | | | | |
| HSC/ Equivalent | | | | | | | | | | | |
| O Level | | | | | | | | | | | |
| A Level | | | | | | | | | | | |
| Under | graduate | | | | | | | | | | |
| 4. Wh | at was | the most im | port | ant source | of info | ormat | ion ab | out IS7 | Γ? | | |
| | 1 | 2 | | 3 | 4 | ļ | | 5 | | 6 | |
| 1 | amily mbers | Newspaper (please specify na | | Teachers | Frie | nds | Website | | Other's (please specify) | | |
| | | | | | | | | | | | |
| 5. Student Agreement | | | | | | | | | | | |
| requirements. ✓ To truthfully represent fact and self at all times. ✓ To respect the property and personal rights of all members of all IST community. I hereby accept that if admitted to IST, I will be bound by all the Rules and Regulations National University and the IST Code of Conduct. I also understand that withholding or providing false information requested in this Admission Form will make me ineligible for Admission into IST and may even lead to Termination of Enrollment if admitted. I therefore certify that all the statements provided above are True and Complete to the best of my Knowledge. | | | | | | | | | | | |
| S | Signature of Applicant g | | | | YY | | | | | | |
| | Signatur | e of Guardian | | | | | DD | | MM YY | | |
| | oigilatui (| or Ouardian | | | | Date | | | | | |
| OFFICE USE ONLY | | | | | | | | | | | |
| Recon | nmended | l for admission | in tl | ne Dept. of | | | | | | | |
| Sessio | on | | | | | | | | | | |
| ID No. | | | | | | | | | | | |
| Schola | rship/wai | ver allowed on t | he ba | sis of his/her p | revious | acade | emic resu | ılt: | | | |
| Endors | sed T | | | | | | | | | | |
| | | | | | | | | Head | of the | Department | |
| Allowe | d for Adm | ission | | | | | | | | | |