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আন্তর্জাতিক ইসলামী বিশ্ববিদ্যালয় চট্টগ্রাম
الجامعة الإسلامية العالمية سياتا خوفغ
International Islamic University Chittagong

Attach One
Photograph

Application Form for Admission

PROGRAM:

Semester: Spring Summer Autumn Academic Year: 201...

A. PERSONAL DETAILS

Full Name	English:
	Bengali:
Father's Name	Occupation:
Mother's Name	Occupation:
Local Guardian's Name (where applicable)	Occupation:

Date of Birth:	Day:	Month:	Year:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>
Religion:				Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality:				Passport No. (if any):

Present Address:	Permanent Address (if different)
Mobile (Student): E-mail:	Telephone: Mobile (Guardian):

B. ACADEMIC BACKGROUND

Examination/ Degree	University/Board/ Institution	Group / Discipline	Year of Passing	Class/Grade / division/	Marks Obtained

* Please attach attested copies of all academic transcripts.

C. PROGRAM OF STUDY APPLIED FOR :(in respect of preference)

1st Choice :
2nd Choice :
3rd Choice :

D. PROFESSIONAL DEGREE/DIPLOMA/TRAINING (if applicable):

Name of awarding institution / body	Field/Subject(s) attended	Degree/Diploma obtained	Grade

E. EMPLOYMENT RECORDS (if applicable):

Name and address of employer	Date of employment	Position held	Responsibilities

F. LANGUAGE PROFICIENCY :

Skills <i>√(Tick mark where applicable)</i>	Excellent		Very Good		Good		Fair	
	English	Arabic	English	Arabic	English	Arabic	English	Arabic
Reading								
Writing								
Speaking								
Understanding								

G. FINANCIAL INFORMATION :

Source of financial support: Self Father's/Guardian's Sponsor's

- a. Personal income (per annual):
- b. Father's/Guardian's income (per year) :
- c. Sponsor: i) Name of the Sponsor :
 ii) Amount sponsored :

H. REFEREES:

Please give names of two persons who are able to comment on your ability and aptitude for your chosen program of study in the University.

- 1. Name: 2. Name:
- Position: Position:
- Address: Address:
-
- Tel: Tel:
- E-mail: E-mail:

I. OTHERS:

Do you need the University residential facilities? Yes No

If yes; please report to the Students Affairs Division (STAD) of IIUC for necessary arrangement.

J. DECLARATION:

I do hereby certify that the information provided in this application is complete and true. I understand that the University has the right to reject this application or cancel my admission if any information provided herein is found false or incorrect. If my application is accepted for admission to the program applied for, I undertake to abide by all the rules and regulations of this University and ensure to pay all fees & charges duly.

Date:

Applicant's Signature

K. CERTIFICATION BY FATHER/GUARDIAN /SPONSOR (as the case may be):

I hereby certify that all the information furnished in this application are complete and true. I understand that if at any time the information or part thereof stated in the declaration is found to be otherwise, the University has the right to disqualify this application or cancel his/her admission. I also hereby declare that I take the full responsibility to bear the expenses to his / her studies at IIUC.

Date:

Signature of Father/Guardian/ Sponsor

Enclosure: *Certified true copies of all academic marks-sheet / certificates & two copies of stamp size photographs. Incomplete application will not be considered for admission.*

FOR OFFICIAL USE ONLY

<p align="center"><u>Academic Affairs Division:</u></p> <p>Application Form: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete</p> <p>Remarks (if any):</p> <p align="center">_____ <i>Authorized Signature of, ACAD</i></p>	<p align="center"><u>Departmental Remarks:</u></p> <p><input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>Remarks (if any):</p> <p align="center">_____ <i>Signature of the Head of the Department</i></p>
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<p><u>Final Approval:</u></p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Accepted Conditionally <input type="checkbox"/> Rejected</p> <p>Remarks (if any):</p> <p>Date:</p> <p align="right">_____ <i>Signature of the Pro Vice-Chancellor</i></p>
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Academic Affairs Division
International Islamic University Chittagong
 Kumira, Sitakunda, Chittagong, IIUC PABX: 0304-251155.
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 Website: www.iiuc.ac.bd