

## HAJEE MOHAMMAD DANESH SCIENCE AND TECHNOLOGY UNIVERSITY

## (HSTU), DINAJPUR FACULTY OF BUSINESS STUDIES

Program Details:					T	M	BA (E	Evening)	) May- 2019	
Roll No: For Office Use Only									Photograph (Passport size)	
Personal Details:										
Name:		Date of Birth (d	d/mm/	yy):						
Father's Name:						Male	Fema	ıle	]	
Mother's Name:						Nationality:				
Present Address:										
House No:  Phone No:										
Village:					Mobile No:					
Post Office:										
Police Station	:		Fax No:							
District: E-mail:										
Permanent Address: (if differ from above) House No: Phone No:										
Village:					Mobile No:					
Post Office:					Fax No:					
Police Station:										
District: E-mail:										
Academic and Professional Qualifications: (Enclose photocopies of all academic Certificates, Mark sheets (Transcripts),										
Certificate/	Certificate/			f	T 4*4 4	Division/		Points Obtained		
Degree	Group/D	iscipline	Passing		Institute	/ Board		CGPA	(Filled by office)	
Employment or Professional Records: (only for service holder)										
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Employment										
Particulars of Pay Slip Pay Sli			p No. Date:			Date:				
Declaration:										
I declare that, the information given in form is true, correct and complete.										
Signature Date										
After completing the form, please put your signature with date and return it to the Dean, Faculty of Business Studies, Hajee Mohammad Danesh Science and Technology University, Dinajpur-5200.										
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HAJEE MOHAMMAD DANESH SCIENCE AND TECHNOLOGY UNIVERSITY (HSTU), DINAJPUR										
Faculty of Business Studies  MBA (Evening) May-2019										
Admit					•	Roll No:				
Name	:			. 1.0						
Father's Name:									Photograph (Passport size)	
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Applicant's Signature  Member Secretary's Signature										