

## SHORT COURSE- APPLICATION FORM

Applicants Serial No: 

--	--	--	--	--	--	--



**Bangabandhu Sheikh Mujibur Rahman Maritime University, Bangladesh**

14/6-14/23, Pallabi, Mirpur-12, Dhaka-1216

Phone: 01769-721010, Fax: 09606248248, Email: [deanoffice@bsmrmu.edu.bd](mailto:deanoffice@bsmrmu.edu.bd)

Web: [www.bsmrmu.edu.bd](http://www.bsmrmu.edu.bd)

Passport Size  
photograph  
(Three copies)

Program Name:  Marine Insurance and Claim  
 Dangerous Goods Handling and Transportation

### PERSONAL DETAILS

Full Name of Applicant (In English) <small>(As per SSC/equivalent certificate, in capital letters)</small>		
Full Name ( In Bangla)		
Father's Name		
Mother's Name		
Date of Birth (dd-mm-yyyy)		
Nationality		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Religion		National ID No:
Present Address		Permanent Address
Mobile/Tel:		Email:

### ACADEMIC BACKGROUND (Last degree first)

Name of Institution	Board/University	Year	Group/ Discipline	Exam/ Degree	Div/Class/ CGPA

### PROFESSIONAL DEGREE/DIPLOMA (If any)

Name of Institution	Field/Subject(s) Attended	Degree/Diploma Obtained	Grade

### EMPLOYMENT RECORDS (If any)

Name of Organization	Tenure		Position	Key Responsibilities
	From	To		

**DECLARATION**

I declare that the information contained herein are completely true and accurate to the best of my knowledge. Any deviation will result in revocation of my admission at Bangabandhu Sheikh Mujibur Rahman Maritime University, Bangladesh.

Date:.....

Applicant's Signature

---

FOR OFFICE USE ONLY

<p>Application Form: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Remarks (if any):</p> <p><u>Course Coordinator</u></p>	<p>Verified</p> <p><u>Dean</u> Faculty of Maritime Governance &amp; Policy</p>
---	--