SHORT CERTIFICATE COURSE - APPLICATION FORM

| Applicants Serial no: | | | | | | |
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BANGABANDHU SHEIKH MUJIBUR RAHMAN MARITIME UNIVERSITY, BANGLADESH Passport size

| 14/6-14/23, Pallabi, Mirpur-12, Dhaka-1216 Cell: 01769721031, 01713425719. Fax: +88-02-58051010 E-mail: director.ibbbs@bsmrmu.edu.bd Web: www.bsmrmu.edu.bd | | | | | | | | | |
|---|------------------|----------------------|----------|-------------------------|-------------------------------|--------------------|--------------|--|--|
| PROGRAM NAME: PORT | AND SHIPPING | STUDIES | S (PSS) | | | | | | |
| PERSONAL DETAILS: | | | | | | | | | |
| Full Name of Applicant | | | | | | | | | |
| (in English) (in Capital Letter) | | | | | | | | | |
| Full Name (in Bangla) | | | | | | | | | |
| Father's Name | | | | | | | | | |
| Mother's Name | | | | | | | | | |
| Date of Birth (dd-mm-yyyy) | | | | | | | | | |
| Nationality | | Sex: □ Male □ Female | | | | | | | |
| Religion | | National ID No: | | | | | | | |
| Present Address: | | | | | | | | | |
| Mobile/Tel: | | E-mail: | | | | | | | |
| ACADEMIC BACKGROUND (Gr | aduation and a | hove): | | | | | | | |
| Name of Institution | Board/University | | Year | Group/ Discipline | | am/ | Div/Class/ | | |
| | | | | | De | gree | CGPA | | |
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| Nata Attack the sale at a second | f +l +:f: + - | - / | | | <u> </u> | | | | |
| Note: Attach the photo copy o | the certificate | s (may s | ubmit au | iring 13 day of classes |) | | | | |
| PROFESSIONAL DEGREE/DIPLO | OMA (if any): | | | | | | | | |
| Name of Organization | | | | | ended Degree/Diploma Obtained | | | | |
| | | | | | | + | | | |
| EMPLOYENT RECORDS (if any) | : | | | | | | | | |
| Name of Organization | Ter | nure | | Position/Post | Key Responsibilities | | | | |
| | From | | | | | Trop troop entered | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PAYMENT DETAILS: | 1 | | | | | | | | |
| Bank Draft/Pay Order/Depos IBBBS Short Course Fund, A/0 0028-0310108931, Trust Bank | C No- | | | | | | | | |
| DECLARATION: I Declare that t knowledge. Any deviation will Shipping Studies" conducted by | result in revoc | ation of | my adm | ission at the Short Co | ertificate | Course | on "Port and | | |
| Date: | | | | | Арр | licant's | Signature | | |
| Noto | | | | | | | | | |

Note:

1. Please fill up this application form and send it (along with the scan copy of the payment slip) to Director, Institute of Bay of Bengal and Bangladesh Studies (IBBBS) Office via e-mail or any other means. e-mail: ibbbsbsmrmu@gmail.com, director.ibbbs@bsmrmu.edu.bd & Contact: 01520102857, 01788322945.