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| Applicants Serial no: |  |  |  |  |  |  |

**SHORT CERTIFICATE COURSE – APPLICATION FORM**



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| --- |
| Passport size Photograph (one copy) |

**BANGABANDHU SHEIKH MUJIBUR RAHMAN MARITIME UNIVERSITY, BANGLADESH**

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

Cell: 01769721031, 01713425719. Fax: +88-02-58051010

E-mail: [director.ibbbs@bsmrmu.edu.bd](mailto:director.ibbbs@bsmrmu.edu.bd) Web: [www.bsmrmu.edu.bd](http://www.bsmrmu.edu.bd)

**PROGRAM NAME: PORT AND SHIPPING STUDIES (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** (Graduation and above):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution | Board/University | Year | Group/ Discipline | Exam/ Degree | Div/Class/ CGPA |
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**Note:** Attach the photo copy of the certificates (may submit during 1st day of classes)

**PROFESSIONAL DEGREE/DIPLOMA** (if any):

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization | Field/Subject(s) Attended | Degree/Diploma Obtained | Grade |
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| --- | --- | --- | --- | --- |
| Name of Organization | Tenure | | Position/Post | Key Responsibilities |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |

**EMPLOYENT RECORDS** (if any):

**PAYMENT DETAILS:**

|  |  |
| --- | --- |
| **Bank Draft/Pay Order/Deposit** Slip No.(In Favour of **IBBBS** **Short Course Fund**, A/C No-  **0028-0310108931**, Trust Bank Ltd, Mirpur Br. Dhaka) |  |

**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 the Short Certificate Course on “Port and Shipping Studies” conducted by Bangabandhu Sheikh Mujibur Rahman Maritime University, Bangladesh.

Date: …….…………. Applicant’s Signature

**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](mailto:director.ibbbs@bsmrmu.edu.bd) & Contact: 01520102857, 01788322945.