



UNIVERSITY OF BARISHAL

Faculty of Business Studies

Department of Marketing

Executive MBA

1. Incompletely filled forms will not be considered for admission.
2. 1 color photograph attested by the teacher of the department to be admitted, photocopy of SSC, HSC and Graduation (Honors)/ equivalent examination grade sheet should be submitted by the applicant along with the admission form.
3. University authorities can cancel the admission at any time and take disciplinary action against the student for concealing information or providing false information.

To be filled up by the office

Registration Number:	
Academic year:	

Roll No:

Admission Session:

Intake:

Photo

(To be affixed with glue and attested by the Chairman of the concerned department on the photo)

Name of the Department: **Marketing**

Personal Information

01. Student Name (in Bengali):

(In English: Block Letter):

02. Mother's Name:

03. Father's Name:

04. Date of Birth:

05. Gender: Male Female

06. Nationality:

07. Blood Group:

08. National Identity (NID) Card Number:

09. Mobile Number:

10. Email:

11. Marital Status: Married Unmarried

12. Present Address: House Name/No: Road:

Village: Post Office:

Upazila: District:

13. Permanent Address: House Name/No: Road:

Village: Post Office:

Upazila: District:

14. Employment Record (If applicable): Employed Unemployed

From: To:

Organization: Designation:

Educational Information

15. Details of all examinations passed by the applicant:

Exam / Degree	Group/ Major Subject	Board/ University	Name of Institution	GPA/ CGPA	Passing Year
SSC/ Dakhil/ 'O' Level or equivalent					
HSC/Alim/ 'A' level or equivalent					
Graduation (Honors) or equivalent					
Post Graduation (Masters) (If applicable)					

16. Please specify the duration and reason for any interruptions in education (such as expulsion, compulsory transfer to another institution, or probation). If any period of study was not successfully completed, please indicate in parentheses:

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17. If the applicant is a former/previous class student of this university, please specify the following:

Department: Degree: Graduation Post Graduation

Registration No: Academic year: Class Roll:

18. Emergency Contact Information:

Name: Mobile no:

Address:
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Assurance

I hereby certify that:

- a) I have personally completed this form, and the information provided is accurate and truthful.
- b) If granted admission to the Postgraduate program, I will comply with all regulations set forth by the University.
- c) I will respect and adhere to the decisions of the University's authorized bodies regarding my academic performance and conduct while enrolled.

Furthermore, I agree to pay any dues owed to the University or Department within the specified timeframe.

Date:

Applicant's Signature

Recommendation of the Chairman:

.....
Signature and Date

Recommendation of the Dean:

.....
Signature and Date