

Form Serial No.

**Professional Master’s in Information Science and Library Management**  
Department of Information Science and Library Management  
Faculty of Arts  
University of Dhaka

Roll No.

Passport Size  
Photograph

**Application for Admission Test**

Name of the Applicant (in capital letter) : \_\_\_\_\_  
Father’s Name : \_\_\_\_\_  
Mother’s Name : \_\_\_\_\_  
Permanent Address: : \_\_\_\_\_  
\_\_\_\_\_  
Present Address : \_\_\_\_\_  
\_\_\_\_\_  
Occupation : \_\_\_\_\_  
Mobile Number : \_\_\_\_\_ E-mail: \_\_\_\_\_

**Educational Qualifications:**

School/College/Institution/University	Degree Obtained	Year	GPA/Division/Class

**Professional Experience (if any):**

Organization	Position Held	Period	
		From	To

I certify that the information provided in this application form is true and correct. I understand that my application for admission will be cancelled if any information is found untrue.

Date: ..... (Signature of the Applicant)

Form Serial No.

**Office Use Only**

Roll No.

Scores of Results of Examination \_\_\_\_\_ Scores of Years of Professional Experience \_\_\_\_\_  
Admission Test Score \_\_\_\_\_ Interview Score \_\_\_\_\_  
Total Marks \_\_\_\_\_

Date: ..... (Signature of the Coordinator)

**Form Serial No.**

**Professional Master’s in Information Science and Library Management**  
Department of Information Science and Library Management  
Faculty of Arts  
University of Dhaka

**Roll No.**

Passport Size  
Photograph

**Admit Card**

*(Please bring it to the Examination Hall)*

Name of the Applicant : \_\_\_\_\_  
Father’s Name : \_\_\_\_\_  
Date : \_\_\_\_\_

(Signature with Seal)

**Admission Test: 15-07-2023, Time: 10:00am**  
**Place: Department of Information Science and Library Management**  
**Arts Building (Ground Floor), University of Dhaka.**