<b>Admission Serial No.:</b>	
Receipt No.:	



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## INSTITUTE OF MODERN LANGUAGES **UNIVERSITY OF DHAKA**

**Session 2022-2023** 

## APPLICATION FOR ADMISSION INTO REGULAR M.A. IN (TESOL, JLC, FLC & CLC)

Part -1 (To be filled in by the applicant)

Father's name :		,	(10 be lille	u iii by the applicant)	,		
Mother's name  Date of birth  Day Month Year  Nationality  NID NO  Mailing address  Telephone:	Name in full	(block letters)	:				
Date of birth :	Father's nam	e	:				
Nationality :	Mother's nan	ne	<b>:</b>				
Nationality :	Date of birth		:				
Telephone: e-mail:     Educational qualifications (Attach certified copies of all transcripts and certificates):			-	•			
Telephone:			:				
Telephone: e-mail:  Educational qualifications (Attach certified copies of all transcripts and certificates):  Name of Exam. Medium of Instruction Board / University Year Div./Class/GP.  Imission Serial No.: (To be given to the Applicant)  INSTITUTE OF MODERN LANGUAGES UNIVERSITY OF DHAKA REGULAR M.A. IN (TESOL., JLC, FLC & CLC) Session 2022-2023  ADMIT CARD  pplicant's Name:	Mailing addr	ess	:				
Name of Exam.   Medium of Instruction   Board / University   Year   Div./Class/GP.    Imission Serial No.: (To be given to the Applicant)   Photo Passport size 1 copy	Permanent address		Telephone: e-mail:				
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			<u>AI</u>	OMIT CARD			
on/daughter of (father/mother):	pplicant's Name:						
	on/daughter of (fat	her/mother):					

10.	If you are employed, please give full details of your employment record (Attach certified
copies	of all employment records):

<b>Affiliated Institutions</b>	Designation	Years of experiences	<b>Duties/Responsibilities</b>
Declaration: The information provided in this application form is true. I accept that IML reserves			

Declaration:	the right to information	o restrict my admissi	on or te	rminate my registra	ccept that IML reserves ation at any time if any abide by the rules and
Signature of the Applicant					
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Bank Referei	nce:		_	Admit Card	No.:
Date of Recei	ipt:		-		
			Sig	nature of the Autho (Ban	
Signature of	the Director	of the Institute			