

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.

**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.

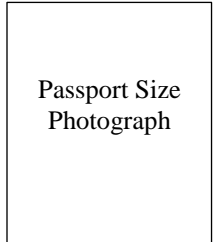
Scores of Results of Examination ..... Scores of Years of Professional Experience .....  
Admission Test Score ..... Interview Score .....  
Total Marks .....

Date: .....

(Signature of the Coordinator)

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**Admit Card**

*(Please bring it to the Examination Hall)*

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

(Signature with Seal)

**Admission Test: 19-07-2024, Time: 10:00AM**  
**Place: Department of Information Science and Library Management**  
**Arts Building (Ground Floor), University of Dhaka.**