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| --- | --- | --- | --- | --- | --- | --- |
| Form Serial No. |  | **Professional Master’s in Information Science and Library Management**  Passport Size  Photograph  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** |
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**Professional Experience (if any):**

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| --- | --- | --- | --- |
| **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)

|  |  |  |  |  |  |  |  |  |  |
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| ­­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**  Passport Size  Photograph  Department of Information Science and Library Management  Faculty of Arts  University of Dhaka | | | |
|  | |  |
| **Roll No.** | |  |
|  | |  |
|  | | |  | **Admit Card**  (*Please bring it to the Examination Hall*) |
|  | | |  |  |
| Name of the Applicant | | | **:** |  |
| Father’s Name | | | **:** |  |
| Date | | | **:** |  |

**(Signature with Seal)**

**Admission Test: 19-10-2024, Time: 10:00AM**

**Place: Department of Information Science and Library Management**

**Arts Building (Ground Floor), University of Dhaka.**