

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.

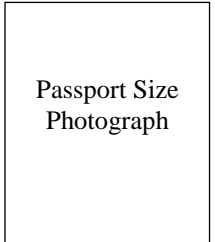
Scores of Results of Examination Scores of Years of Professional Experience
Admission Test Score Interview Score
Total Marks

Date:

(Signature of the Coordinator)

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Roll No.

Admit Card

(Please bring it to the Examination Hall)

Name of the Applicant : _____
Father's Name : _____
Date : _____

(Signature with Seal)

Admission Test: 31-01-2025, Time: 10:00AM
Place: Department of Information Science and Library Management
Arts Building (Ground Floor), University of Dhaka.