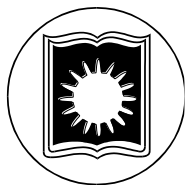


**DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING  
UNIVERSITY OF RAJSHAHI  
POST GRADUATE DIPLOMA IN INFORMATION TECHNOLOGY**



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• **PERSONAL INFORMATION**

Name	
Father's/Husband's name	
Mother's name	
Gender	<input type="checkbox"/> M (male) <input type="checkbox"/> (female)
Date of birth	
Religion	
Nationality	
E-mail address (if any)	E-mail: .....
Tel/Cell phone number	

<b>Present address:</b> Vill./Street: ..... Post Code: ..... Postal Code: ..... Police Station: ..... District: .....	<b>Permanent address:</b> Vill./Street: ..... Post Code: ..... Postal Code: ..... Police Station: ..... District: .....
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• **PERSONAL INFORMATION**

Name of Exam	Board/University	Year of Passing	Result

*I confirm that the information provided in this application is true and accurate.*

**Applicant's Signature**

*(For office use only)*



**(Admit Card)**

DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING  
UNIVERSITY OF RAJSHAHI  
SHORT COURSE IN INFORMATION TECHNOLOGY

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Name :

Chairman  
Dept. of Computer Science and Engineering  
University of Rajshahi

Applicant's Signature