Applicant's Signature

### UNIVERSITY OF RAJSHAHI

## **Department of Accounting and Information Systems**

MBA Program for Business Graduates (Evening) Session: 2025-2026 (July-December 2025) Batch: 2025/2

For office use only

AF.	No.							
Adm	ission Roll No.							
				Application Form				
1.	Full Name (in capi	ital letters)	-  :					
2.	Mother's Name		:					
3.	3. Father's Name		:	:				
4.	4. Date of Birth		:	:				
5.	. Nationality		:	:				
6.	Permanent Addres	S	:					
7.	P.S. Mobile Email/1			/Mohalla         P.O.           Dist.				
8.	Academic Qualific	eations	:					
	Certificate/ Degree Obtained	Discipline/ Group	Passing Year	Name of the Board/ University	GPA/ Marks	Grade/ Division	Calculated Points (for office use)	
	Declaration: o, hereby, declare	that the infor	mation g	iven above is true, correct, and c	omplete.			
Date	e:							

 $\begin{array}{c} \textbf{(Professor \ Dr. \ Dil-Ara \ Hossain)} \\ \text{CHAIRMAN} \end{array}$ 

Department of Accounting and Information Systems, University of Rajshahi

**N.B.:** Successful candidates will be required to submit copies of their academic certificates, mark sheets and other papers in support of their qualifications. A duly filled-up Application Form can be submitted online by at raj.ais85@gmail.com or Hard copy in office.

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# **ADMIT CARD**

Full Name (in capital letters):							
Father's Name:			······································				
Roll No.:							

Admission: 15-05-2025 to 30-06-2025

#### (**Professor Dr. Dil-Ara Hossain**) CHAIRMAN

Department of Accounting and Information Systems, University of Rajshahi

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Admission: 15-05-2025 to 30-06-2025

(Professor Dr. Dil-Ara Hossain)

**CHAIRMAN** 

Department of Accounting and Information Systems, University of Rajshahi