DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

UNIVERSITY OF RAJSHAHI EVENING MASTER OF ENGINEERING PROGRAM

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(Application Form)				
• PERSONAL INFO	<u>RMATION</u>			
Name				
Father's name				
Mother's name				
Gender	□ M (male) □	(female)		
Date of birth	a m (mais)	(ieinale)		
Nationality				
E-mail address (if any)	F-mail:			
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Present address: Permanent address: Vill./Street: Vill./Street: Postal Code: Postal Code: Police Station: Police Station: District: District:				
PERSONAL INFO	RMATION			
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	
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(Admit Card) DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING UNIVERSITY OF RAJSHAHI EVENING MASTER OF ENGINEERING PROGRAM Please affi passpor photograp Name :				
Chairman Dept. of Computer Science University of Rajshahi	e and Engineering		Applicant's Signature	

Applicant's Signature