DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

UNIVERSITY OF RAJSHAHI
POST GRADUATE DIPLOMA IN INFORMATION TECHNOLOGY

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Father's/Husband's name					
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Gender	□ M (male) □ (female)				
Date of birth					
Religion					
Nationality					
E-mail address (if any)	E-mail:				
Tel/Cell phone number					
Present address:		Permanent address:			
Vill./Street:		Vill./Street:			
Post Code:		Post Code:			
Postal Code:		Postal Code:			
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District:	District: District:				
PERSONAL INFORMATION Name of Exam Box	ON Dard/University	Year of Passing	Result		
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I confirm that the information provided in this application is true and accurate. Applicant's Signature					
(Admit Card) DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING UNIVERSITY OF RAJSHAHI SHORT COURSE IN INFORMATION TECHNOLOGY Please affix rece passport size photograph here Name :					

Chairman

Dept. of Computer Science and Engineering University of Rajshahi