DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

UNIVERSITY OF RAJSHAHI POST GRADUATE DIPLOMA IN INFORMATION TECHNOLOGY

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PERSONAL INFO	RMATION			
Name				
Father's/Husband's name				
Mother's name				
Gender	☐ M (male) ☐	(female)		
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Name of Exam	Board/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	
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