



Islamic University

Kushtia-7003, Bangladesh

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Attach one P.P
Size recent Color
Photograph

APPLICATION FOR BACHELOR PROGRAMME 2023-2024

Section A

(Please fill up Except Serial No. 04):

01	Name of Department:
02	Name of Faculty:
03	Name of Residential Hall:
04	Registration No. Roll No.

Section B

(Please write in block letters):

01. Applicant's Full Name:
02. Father's Name:
03. Mother's Name:
04. Gender (put √ mark): <input type="checkbox"/> Male <input type="checkbox"/> Female
05. Spouse Status (put √ mark): <input type="checkbox"/> Single <input type="checkbox"/> Married
06. Nationality:
07. Passport No: Date of Issue: Date of Expiry:
08. Visa No: Date of Issue: Date of Expiry:
08. Date of Birth: Place of Birth:
09. Religion:
10. Permanent Address (Home):
11. Telephone/Mobile (Home):
12. E-mail: What's App:
13. Funding Source (put √ mark): <input type="checkbox"/> Private <input type="checkbox"/> Family <input type="checkbox"/> Scholarship <input type="checkbox"/> Grant
14. Scholarship/Grant Details (If applicable):

SECTION C

Academic Background

Name of Examinations	Name &Address of School/ University	Period of Time spent	Major subjects	Result	Year of Passing
Elementary Education					
Secondary Education/ Grade 10					
Upper Secondary Education/ Grade 12					

SECTION D

Language Skill:

Languages	Speaking	Reading	Writing	Mention overall skill as Poor/ Fair/ Good/ Excellent
English				
Bengali				
Arabic				

SECTION E

Field of specialization studied in the past:	
Self-Introduction	
Statement of Purpose	

SECTION F

Health Information

Height:.....CM

Weight:.....KG

Questions	Yes	No	If Yes, Explain.
Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis, HIV)?			
Do you have allergies?			
Do you have hyper tension?			
Do you have diabetes?			
Do you have any type of Hepatitis?			
Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have got treatment, please explain and attach an official medical report.			
Have you ever been addicted to alcohol?			
Have you been hospitalized in the last two (2) years?			
Have you had any serious injury, ailment or sickness in the last five (5) years			
Do you have any visual or hearing impairment?			
Do you have any physical disabilities?			
Do you have any cognitive/mental disabilities?			
Are you taking any prescribed medication?			
Are you on a special diet?			

SECTION G

Person to be notified in applicant's home country in case of emergency:
Name in full:
Address with telephone number, facsimile number, e-mail address:
Occupation:
Relationship:

SECTION H

Immigration Records to Bangladesh	
Date	Purpose
From..... to	
From.....to	
From.....to	

Declaration

I understand and accept all the matters stated in the Application. I, hereby, give permission for my records to be made available for admission process and certify that information on this application is accurate to the best of my knowledge. I pledge to accept any decision made by Islamic University if it is later found to be inaccurate or intentionally falsified.

Applicant's Full Name:
Applicant's Signature:
Date:

Signature of the Dean

Signature of the Provost

Signature of the Chairman

Signature of the Registrar

Signature of the Director, IAD

Signature of Officer, IAD