

HAJEE MOHAMMAD DANESH SCIENCE AND TECHNOLOGY UNIVERSITY (HSTU), DINAJPUR FACULTY OF BUSINESS STUDIES

Program Details:					MBA(Evening) January- 2020				
Roll No: For Office Use Only									Photograph (Passport size)
Personal Details:									
Name:				Date of Birth	(dd/mm/	/yy):			
Father's Name:						Male	Fema	ale	
Mother's Name:						Nationality:			
Present Address:									
House No: Village:						Mobile No:			
Post Office:					Fax No:				
Police Station:					E-mail:				
District:					L-man.				
Permanent Address: (if differ from above)									
House No: Village:					Mobile No:				
Post Office:				Fax No:					
Police Station:					E-mail:				
District:									
Academic and Professional Qualifications: (Enclose photocopies of all academic Certificates, Mark sheets (Transcripts), Testimonial and Other relevant documents)									
Certificate/ Degree	Group/Discipline		Year of Passing		Institute	Board	1	ivision/ CGPA	Points Obtained (Filled by office)
				a.					
Employment or Professional Records: (only for service holder)									
		Fre	From		Name of institution(s)			Employment Status	
Employment				<u>.</u>					
Particulars of		Pay Slip			p No. Date:			•	
Declaration:									
I declare that, the information given in form is true, correct and complete.									
Signature Date									
After completing the form, please put your signature with date and return it to the Dean, Faculty of Business Studies, Hajee									
		Mohamn	nad Danesh	Science and	d Technology	University, Dinaj	pur-520	0.	
HAJEE MOHAMMAD DANESH SCIENCE AND TECHNOLOGY UNIVERSITY (HSTU), DINAJPUR									
Faculty of Business Studies									
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Mother's Name:			S S S S S S S S S S S S S S S S S S S						
Annlicant's Signature						 N 1	 amhar	Secretar	