## SHORT CERTIFICATE COURSE - APPLICATION FORM

Applicants Serial no:



## Institute of Ray of Rengal and Rangladesh Studies (IRRRS)

Passport size
Photograph
(one copy)

	Bangla Plot: 1/9 (Pad Phone	Bangladesh Maritime University Plot: 1/9 (Padma Building), Pallabi, Dhaka-1216 Phone: +88 09666315749 (office) I: ibbbsoffice@bsmrmu.edu.bd, Web: www.bsmrmu.edu.bd				
PROGRAM NAME: Por	t and Shipping Stu	ıdies (6 <sup>th</sup> Bat	ch)			
PERSONAL DETAILS:						
Full Name of Applicant						
(in English) (in Capital Lette	r)		· · · · · · · · · · · · · · · · · · ·			
Full Name (in Bangla)						
Father's Name				D		
Mother's Name						
Date of Birth (dd-mm-yyyy)			NA-L	1 .		
Nationality			x:			
Religion		Na	ntional ID No:			
Present Address:		Tri				
Mobile/Tel:		E-mail:				
ACADEMIC BACKGROUND	Graduation and al	oove):				
Name of Institution	Board/Univer	sity Yea	Group/ Dis	cipline E	Exam/	Div/Class/
					)egree	CGPA
					***	
	6.11		· · · · · · · · · · · · · · · · · · ·			
Note: Attach the photo cop	y of the certificate	s (may subm	it during 1" day of	classes)		
PROFESSIONAL DEGREE/DI	PLOMA (if any):					
Name of Organization	Field/Subje	Field/Subject(s) Attended		Degree/Diploma Obtained Grade		rade
		1				
EMPLOYENT DECORDS /if a		AT 10				
EMPLOYENT RECORDS (if a			Position/P	т		
Name of Organization		Tenure		ost Key F	Key Responsibilities	
	From	То	*			WI 15-1-16-16-16-16-16-16-16-16-16-16-16-16-1
PAYMENT DETAILS:						
Bank Draft/Pay Order/Dep IBBBS Short Course Fund, A	/C No-					
<b>DECLARATION:</b> I Declare the my knowledge. Any deviational Shipping Studies" conditions.	at the information	n contained evocation of	my admission at			
Date:				Ap	plicant's S	Signature

## Note:

1. Please fill up this application form and send it (along with the scan copy of the payment slip) to Director, Institute of Bay of Bengal and Bangladesh Studies (IBBBS) Office via e-mail or any other means. e-mail: ibbbsoffice@bsmrmu.edu.bd & Contact: 01520102857, 01788322945.

