

BANGABANDHU SHEIKH MUJIBUR RAHMAN MARITIME UNIVERSITY, **BANGLADESH**

Passport size Photograph (one copy)

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SHORT CERTIFICATE COURSE - APPLICATION FORM

PROGRAM NAME: PORT AND SHIPPING STUDIES (PSS)								
PERSONAL DETAILS:								
Full Name of Applicant								
(in English) (in Capital Letter)								
Full Name (in Bangla)								
Father's Name								
Mother's Name								
Date of Birth (dd-mm-yyyy)								
Nationality			Sex:	□ Male □ Female				
Religion			Natio	National ID No:				
Present Address:								
Mobile/Tel:	E-mail:							
ACADEMIC BACKGROUND (Gra	duation and a	bove):						
Name of Institution	Board/University		Year	Group/ Discipline	Exam/ Div./Class Degree CGPA		Div./Class/	
Name of motivation								
Note: Attach the photo copy of	the certificate	es (may :	submit d	uring 1 st day of classes)				
DROCESSIONAL DEGREE/DIDLO	MAA (if any):							
PROFESSIONAL DEGREE/DIPLOMA (if any): Name of Organization Field/Subject(s) Atter			tended	Degree/Diploma Obtained Grade				
Name of Organization	Tield/Subject(s) Attended			Degree/Diploma Obt				
EMPLOYENT RECORDS (if any):					-			
Name of Organization	Tenure			Position/Post	Key Responsibilities			
	From	То						
		<u> </u>				<u> </u>		
PAYMENT DETAILS:								
PATIVIENT BETAILS.							•	
DECLARATION: I Declare that	the informatio	n conta	ined her	ein are completely true	e and a	ccurate i	to the best of	
my knowledge. Any deviation	will result in r	evocatio	on of my	admission at the Shor	t Certif	ficate Co	urse on "Port	
and Shipping Studies" conducte	ed by Bangaba	ndhu Sh	neikh Mu	jibur Rahman Maritime	Univer	sity, Ban	gladesh.	
	, 0							
					Λ	nlina n+/-	Cignatura	
Date:					Ар	plicant 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: ibbbsbsmrmu@gmail.com, director.ibbbs@bsmrmu.edu.bd & Contract: 01719-024374, 01788-322945.