



# Ishakha International University, Bangladesh

## Faculty of Arts

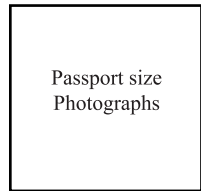
### Primary Application Form

For Admission In First Year (English Hon's)

Year: 201\_\_ Semester:  Spring  Summer  Fall

Serial No. \_\_\_\_\_

Roll No. \_\_\_\_\_



1. Name of the Applicant: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

Contact No. \_\_\_\_\_

5. Result of S.S.C/Equivalent and H.S.C/Equivalent Examination:

5.1 S.S.C/Equivalent: Group: \_\_\_\_\_ Board: \_\_\_\_\_ Roll No. \_\_\_\_\_ Year: \_\_\_\_\_ Division/GPA \_\_\_\_\_

5.2 H.S.C/Equivalent: Group: \_\_\_\_\_ Board: \_\_\_\_\_ Roll No. \_\_\_\_\_ Year: \_\_\_\_\_ Division/GPA \_\_\_\_\_

5.3 Subject based Grade in HSC/Equivalent Examination:

| Subject                      | Bangla | English |  |  |  | 4th Subject | Total GPA |
|------------------------------|--------|---------|--|--|--|-------------|-----------|
| Obtained Letter Grade/Number |        |         |  |  |  |             |           |

5.4 Obtained GPA/Marks in S.S.C/ Equivalent Examination :

5.5 Obtained GPA/Marks in H.S.C/ Equivalent Examination :

6. Total GPA obtained in S.S.C/Equivalent and H.S.C/Equivalent Examination:

I certify that the information provided in this application form is true and correct. I understand that my application for admission will be cancelled if any information is found untrue.

Date: \_\_\_\_\_

(Signature of the Applicant)

#### Instruction:

- a) The application form must be filled by the applicant.
- b) Photocopy of Transcript/ Mark Sheet is to be attached.
- c) Photocopy of Registration Card of both S.S.C/Equivalent and H.S.C/Equivalent Examination is to be attached.

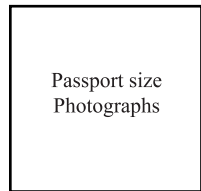


# Ishakha International University, Bangladesh

## Faculty of Arts

### English (Hon's)

### Admit Card



Serial No. \_\_\_\_\_

Year: 201\_\_ Semester:  Spring  Summer  Fall

Roll No. \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Admission Test: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Authority)