

Application Serial No.

Student Unique ID No.

Account ID No.

Received By

For Office Use Only

Signature with Date



**CENTRAL UNIVERSITY
OF SCIENCE & TECHNOLOGY**

Plot: 1/9, Road: 2, Block: D, Section: 15, Mirpur, Dhaka-1216, Bangladesh
www.cust.edu.bd

Photograph

Application Form for Admission

INSTRUCTIONS:

Please return this form and attachments to the admission office.

Please use Block /Capital Letters, indicate with "N/A" where questions are not applicable and tick box's ☒ where appropriate

Program Applied For												
Department												
School												
Semester	☐	Spring	☐	Fall	Academic Year		2	0				

Personal Details

Full Name

In English
(BLOCK LETTER)

বাংলায়

Date of Birth

Day

Month

Year

Sex

Male

Female

Religion

Blood Group

Native Language

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Nationality

National Identity Card No
(if applicable)

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Present Address

E-mail

Mobile-1

Telephone

Mobile-2

Permanent Address

Mother

Occupation

Father

Occupation

Local Guardian / Emergency Contact Person

Name			
Address		Contact Number	
Occupation		Relation	

Academic Qualifications

Examination/ Degree	Institution	Board/ University	Group/ Discipline	Year of Passing	GPA/CGPA/ Division
SSC/Equivalent					
HSC/Equivalent					
Diploma (4 years)					
Bachelor					
Others					

Medical Category

(Give tick ✓ mark if where applicable)

☐ Abled	☐ Specially Abled	☐ Disabled
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How did you come to know about CUST? (Use tick mark)

Family Members	Media (Print/Electronic)	Teacher/Staff	Friend/Colleague	Website/Internet	Other (Specify)

Are you employed?	☐ Yes	☐ No	If Yes, Specify:.....
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English Efficiency

☐ IELTS Score.....	☐ Excellent	☐ Good	☐ Average	☐ Below Average
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Have you ever been dismissed, suspended or expelled from any institute of learning?	☐ Yes	☐ No
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Have you ever been criminally convicted?	☐ Yes	☐ No	If Yes, Specify:.....
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Financial information (necessary at the time of admission) To be filled by the Admission Office

Total Program Fee:.....	Waiver (If any):.....
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Total Fee after Waiver/Scholarship:.....
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Mode of Payment	Monthly Payment
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Admission Fee:	Admission Fee Paid
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Financial Guarantor's Information (Who will pay your tuition fees?)

☐ Self	☐ Father	☐ Mother	Other (Specify)
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Sponsor's information

Name		Phone No.	
Address			

Reference

Please mention a name of referee who is able to provide information of academic achievement

Name		Phone	
Designation		Email	

Verified Documents (to be submitted at the time of admission) checklist

- | | |
|---|--|
| ☐ Photocopy of all Academic Transcripts | ☐ Job Experience Certificate (if applicable) |
| ☐ Nationality Certificate/Birth Certificate/National ID Card | ☐ 4 Copies Colored Passport Size Photograph signed by the Applicant |
| ☐ Relevant Certificates for Special and Extraordinary Category | ☐ Photocopy of Payment Slip |

Original Papers: All original transcripts must be submitted at the time of admission

Student Agreement (if admitted I agree)

- Not to seek an unfair advantage over other students, but not limited to giving or receiving unauthorized aid during completion of academic requirements.
- I shall not adopt or encourage any unfair means in fulfilling any part of my academic requirements.
- To truthfully represent fact and self at all times.
- To respect the property and personal rights of all members of the CUST community.

I certify that all statements here and in the application for admission to CUST are correct. I agree that all documents submitted in support of the application becomes the property of Central University of Science & Technology (CUST). I authorize the University to release information from my application and supporting documents to authorities and organizations providing financial assistance/fellowship to permit me being considered for such support.

Date:

Applicant's Signature

Certificate by Father/Guardian/Sponsor (as the case may be)

I hereby certify that all the information furnished in this application form is complete and true. I understand that if at any time the information or part thereof stated in the declaration is found to be otherwise, the CUST has the right to disqualify this application or cancel his /her admission. I also hereby declare that I take the responsibility to bear the expenses of his /her studies at CUST.

Date:

Signature of Father/Guardian/Sponsor

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Academic Affairs Division

Final Approval

☐ Complete ☐ Incomplete

☐ Accepted ☐ Accepted Conditionally

Remarks (if any)

☐ Rejected *Remarks (if any)*

Signature of the Admission Officer

Signature of the Registrar