

Application Serial No.	<input style="width: 90%;" type="text"/>	<i>For Office Use Only</i>	Reg. No.	<input style="width: 90%;" type="text"/>
Student ID No.	<input style="width: 90%;" type="text"/>			
Admission Test Score	<input style="width: 90%;" type="text"/>			
Received by	<input style="width: 90%;" type="text"/>		Signature with date	<input style="width: 90%;" type="text"/>



CENTRAL UNIVERSITY  
OF SCIENCE & TECHNOLOGY

Plot : A/5, Block : A, Mirpur- 14, 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 appropriates.

Program Applied For (With Specialization)	<input style="width: 95%;" type="text"/>									
Department	<input style="width: 95%;" type="text"/>									
School	<input style="width: 95%;" type="text"/>									
Semester	<input type="checkbox"/> Swadhinata (January-June)	<input type="checkbox"/> Bijoy (July-December)	Academic Year		<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Personal Details**

Full Name	<input style="width: 80%;" type="text"/>
In English (BLOCK LETTER)	<input style="width: 80%;" type="text"/>
বাংলায়	<input style="width: 80%;" type="text"/>

Date of Birth	Day	Month	Year	Sex	Religion	Blood Group	Native Language
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Nationality	<input style="width: 80%;" type="text"/>
National Identity Card No (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Present Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
E-mail	<input style="width: 40%;" type="text"/>	Mobile-1	<input style="width: 40%;" type="text"/>
Telephone	<input style="width: 40%;" type="text"/>	Mobile-2	<input style="width: 40%;" type="text"/>

Permanent Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		

Mother	<input style="width: 80%;" type="text"/>		
Occupation	<input style="width: 40%;" type="text"/>	Mobile	<input style="width: 40%;" type="text"/>
Father	<input style="width: 80%;" type="text"/>		
Occupation	<input style="width: 40%;" type="text"/>	Mobile	<input style="width: 40%;" type="text"/>

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					

Specially Able or Medical Condition :

(Give tick ✓ mark if where applicable)

<input type="checkbox"/> Abled	<input type="checkbox"/> Specially Abled	Please Specify	
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How did you come to know about CUST? (use tick mark)

Family Members	Newspaper/Radio/TV (Specify the name)	Teacher/Staff	Friend/Colleague	Website/Internet	Other (Specify)

Is hostel accommodation required if Admitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Specify:.....
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Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Specify:.....
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English Proficiency:

<input type="checkbox"/> IELTS Score.....	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
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Have you ever been dismissed, suspended or expelled from any institute of learning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been criminally convicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Specify:.....
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Financial Information (necessary at the time of admission):

Total Program fees:.....
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Waiver (If any) :.....
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Merit Scholarship (If any): .....
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Payment of Admission fees	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	<input type="checkbox"/> Due .....
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Financial Guarantor's Information (Who will pay your tuition fees?)

<input type="checkbox"/> Self	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	Other (Specify)	
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Sponsor's Information:

Name		Phone No.	
Address			

Reference

<i>Please mention a name of referee who is able to provide information of academic achievement</i>			
Name		Phone	
Designation		Email	

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Photocopy of all academic certificates and transcripts                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Job Experience Certificate (if applicable)                                                |
| <input type="checkbox"/> Nationality Certificate from proper authority/Birth Certificate/National ID card                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 4 Copies colored passport size and 2 copies stamp size photograph signed by the applicant |
| <input type="checkbox"/> Applicants in Freedom Fighter category are requested to submit attested photocopy of<br>(i) "Provisional Certificate" from Ministry of Liberation war affairs<br>(ii) Mukti Barta/Indian List/PM signed Certificate (iii) Gazette<br>(iv) "National ID" of the freedom fighter &<br>Birth Certificate/Death Certificate of the Freedom Fighter<br>(v) Attested Internet Information of FF | <input type="checkbox"/> One Reference letter from previous academic head                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Photocopy of payment slip                                                                 |

Original Papers : All original certificates & transcripts have to be shown at the time of admission.

Student Agreement (if admitted I agree)

- Not to seek an unfair advantage over other students, including but not limited to giving or receiving unauthorized aid during completion of academic requirements.
- I Shall not adopt or encourage to adopt any unfair means in prosecution of any part of 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: .....

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Applicant's Signature

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

I hereby certify that all the information furnished in this application from 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 full responsibility to bear the expenses of his /her studies at CUST.

Date: .....

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Signature of Father/Guardian/Sponsor

<i>For Office Use Only</i>	
<p><i>Academic Affairs Division</i></p> <p style="text-align: center;"><input type="checkbox"/> Complete   <input type="checkbox"/> Incomplete</p> <p><i>Remarks (if any)</i></p> <p style="text-align: center;">----- <i>Signature of the Admission Officer</i></p>	<p><i>Departmental Remarks</i></p> <p style="text-align: center;"><input type="checkbox"/> Recommended   <input type="checkbox"/> Not Recommended</p> <p><i>Remarks (if any)</i></p> <p style="text-align: center;">----- <i>Signature of the Chair/Dean</i></p>
<p><i>Final Approval</i></p> <p style="text-align: center;"><input type="checkbox"/> Accepted   <input type="checkbox"/> Accepted Conditionally   <input type="checkbox"/> Rejected</p> <p><i>Remarks (if any)</i></p> <p><i>Date:.....</i></p> <p style="text-align: right;">----- <i>Signature of the Registrar</i></p>	