

# German University Bangladesh

Telepara T&T Road, Chandana Chowrasta, 38 Gazipur Sadar  
Gazipur -1702, Bangladesh.

Phone: +8802 929 4511, +8802 929 4778, Fax: +8802 887 0941

E-mail: [admission@gub.edu.bd](mailto:admission@gub.edu.bd), Website: [www.gub.edu.bd](http://www.gub.edu.bd)



Please affix a  
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## ADMISSION FORM

**Applicant for admission in :** \_\_\_\_\_

Receipt No. : \_\_\_\_\_

**Semester:** \_\_\_\_\_

**Program :** \_\_\_\_\_

**Year :** \_\_\_\_\_

**1. Applicant's Name :** \_\_\_\_\_

(as in SSC/OLevel/Equivalent)

National ID \_\_\_\_\_

Passport No \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Married \_\_\_\_\_

**2. Father's /  
Husband's name** \_\_\_\_\_

Occupation \_\_\_\_\_

Designation \_\_\_\_\_

Work address \_\_\_\_\_

National ID \_\_\_\_\_

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

Email \_\_\_\_\_

**3. Mailing address** \_\_\_\_\_

Apartment/House \_\_\_\_\_

Village/Area \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

**4. Permanent address** \_\_\_\_\_

Apartment/House \_\_\_\_\_

Village/Area : \_\_\_\_\_

Post office : \_\_\_\_\_

Postal Code : \_\_\_\_\_

P.S/City : \_\_\_\_\_

Country : \_\_\_\_\_

Home/Cell phone : \_\_\_\_\_

**5. Information of the Guardian who will bear the cost of your education**

Name : \_\_\_\_\_

Occupation : \_\_\_\_\_

Designation : \_\_\_\_\_

Annual Income : \_\_\_\_\_

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

Email : \_\_\_\_\_

Relationship : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

**6. Academic Information****S.S.C./ Secondary School**

Institution	Board/University	Group	Passing Year	Division/GPA/CGPA
_____	_____	_____	_____	_____

**H.S.C/ High School/GCE**

Institution	Board/University	Group	Passing Year	Division/GPA/CGPA
_____	_____	_____	_____	_____

**College / University**

Institution	Board/University	Group	Passing Year	Division/GPA/CGPA
_____	_____	_____	_____	_____

**7. Merit Scholarship, other honors and awards you have received.**


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**8. Have you ever been dismissed, suspended or expelled from any institution of learning? Yes No***If yes, describe briefly or attach a statement.*


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**9. Declaration**

I hereby accept that, if I am admitted to German University Bangladesh, I shall abide by the rules and regulations of the University and the GUB Student Code of Conduct.

I understand that manufacture, distribution, possession and consumption of tobacco products, alcohol, drugs, and controlled (illegal) substances at GUB premises are strictly prohibited and that I may be expelled from the university for violating the prohibition or for abetting violations.

I am aware that, withholding information requested in this application or giving false information will make me ineligible for admission at GUB, and will render me liable for dismissal, if admitted. I hereby certify that the information and statements, provided above, are correct and complete to the best of my knowledge.

_____ <b>Signature of applicant</b>	_____ <b>Signature of Parent/Guardian</b>
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_____ Full name (Print)	_____ Full name (Print)				
_____ Day	_____ Month	_____ Year	_____ Day	_____ Month	_____ Year

*Note: The application will not be processed unless signed.*

**For official use only**

*(Do not write anything bellow this space)*

**Registration No** : \_\_\_\_\_

**Applicant's Name**  
(as in SSC/ 'O' Level/Equivalent) : \_\_\_\_\_

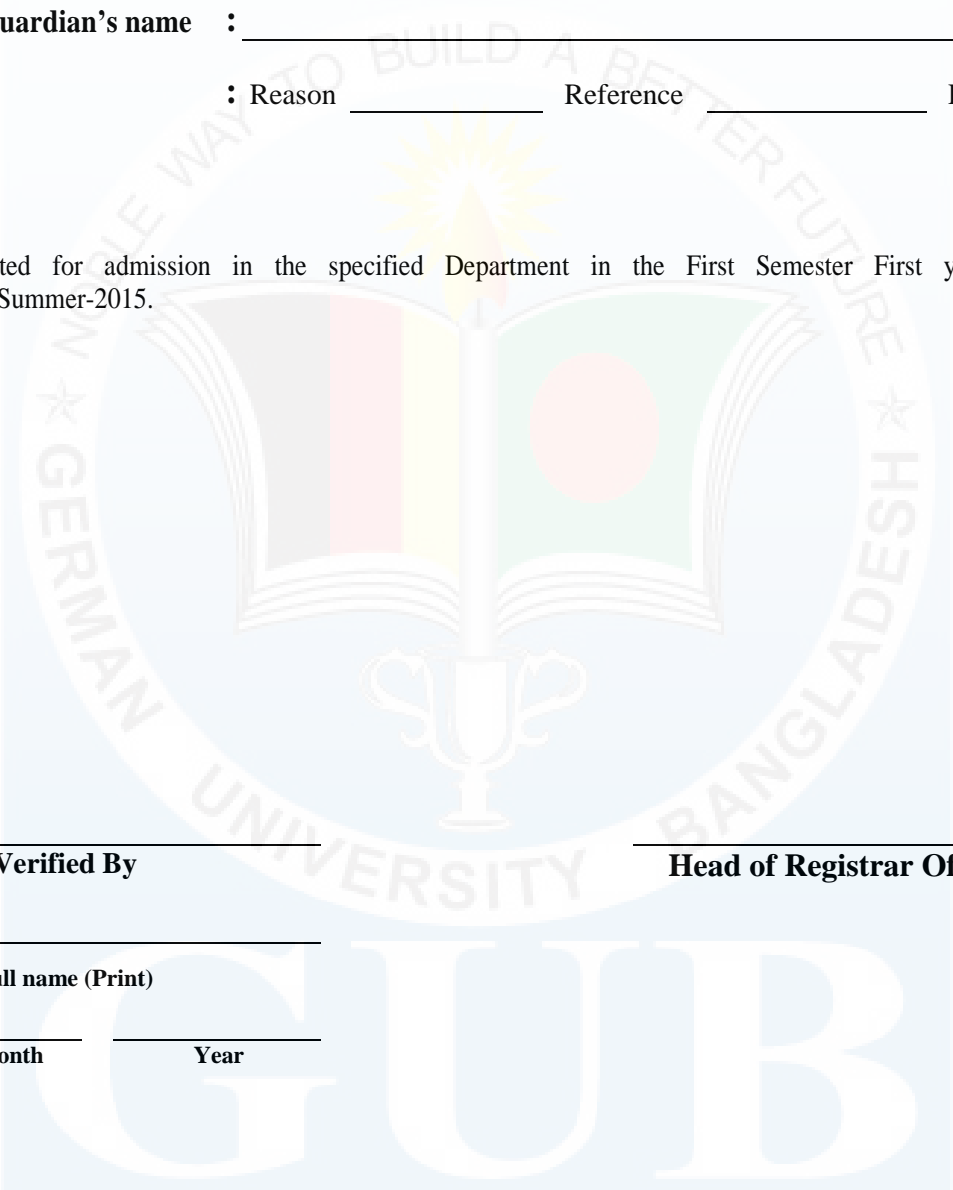
**Father's name/Husband's name** : \_\_\_\_\_

**Mother's name** : \_\_\_\_\_

**Cost bearing Guardian's name** : \_\_\_\_\_

**Waiver** : Reason \_\_\_\_\_ Reference \_\_\_\_\_ Percentage \_\_\_\_\_

Has been selected for admission in the specified Department in the First Semester First year class in the Semester, Winter/Summer-2015.



\_\_\_\_\_  
**Verified By**

\_\_\_\_\_  
**Head of Registrar Office and Seal**

\_\_\_\_\_  
**Full name (Print)**

\_\_\_\_\_  
**Day**      **Month**      **Year**

**GUB**

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size photograph here

## Student's Part For Official Use only

Receipt No: \_\_\_\_\_

Semester :

Program:

Year: \_\_\_\_\_

Registration Number : \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

(as in SSC/ 'O' Level/Equivalent)

Father's name/Husband's name : \_\_\_\_\_

Mother's name : \_\_\_\_\_

Present Address : \_\_\_\_\_

Waiver : Reason \_\_\_\_\_ Reference \_\_\_\_\_ Percentage \_\_\_\_\_

Admission Officer

Head of Registrar Office and Seal

Full name (Print)

Day

Month

Year