

PROVISIONAL ADMISSION FORM

S.No. _____

Date: _____

APPLICATION NO: _____ APPLICANT'S NAME: _____

PROGRAM APPLIED FOR: _____ Department: _____ Campus: _____

PERVIOUS BU REGISTRATION NO. (If any): _____

Eligibility Criteria Check	Percentage
Obtained Percentage in the following Examinations: a. SSC / O Level	
b. HSSC / A Level <input type="checkbox"/> Part-I <input type="checkbox"/> Part-II <input type="checkbox"/> Awaiting Result	

Note: As per policy the following eligibility criteria is to be met by the candidate:

HSSC/A level with minimum marks % as aggregate.

Pre-Engineering Pre-Medical Computer Science General Science

Other _____

Applicant's Signature

APPLICANT SHOULD NOT WRITE ANYTHING BELOW THIS LINE

PRELIMINARY VERIFICATION BY DEPARTMENTAL ADMISSION COMMITTEE

The following documents of the candidate were checked and verified.

- a. SSC / O level with Science Yes No
- b. HSSC / A Level at least _____ % marks Yes No
- c. Affidavit (If result of HSSC/A level is awaited) Yes No
- d. TOC Case Yes No

Signature _____

Faculty Name _____

DEPARTMENTAL ADMISSION COMMITTEE

Selected

Rejected

If rejected, then mention reasons for rejection: _____ **Selected**

Candidate

The candidate has been interviewed for the admission in _____ Program. Fee slip to above mentioned candidate may please be issued. Fee deposit date cannot be extended / amended by account section. **Last date for fee submission is** _____.

Extension in fee submission date is not allowed.

Signature _____

Name _____

Signature _____ Faculty

Faculty Name _____

FINAL VERIFICATION BY ADMISSION OFFICE OF CAMPUS

Stamp	Signature _____ Name _____ (Admission Office Staff)
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Manager (Accounts)

Issued By _____