

*Form Sl. No.:

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School of Science and Technology Bangladesh Open University

Gazipur-1705

Telephone: 9291111, Fax: +880-2-9291111

Website: www.bousst.edu.bd or www.bou.edu.bd

Application Form for Master of Disability Management and Rehabilitation Program

Attach two
passport size
photograph with
duly attested

Admission Test Roll No. (For office use only):

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Read the Following Instruction Carefully Before Completing the Form

1. Use black ballpoint pen and write in capital letters for filling-up the form.
2. The application processing fee of Tk. 1000 is to be paid which is nonrefundable.
3. The applicant should submit:
 - i) Completed application form;
 - ii) Attested copies of Academic Certificate and Marks sheets/ Transcript of examinations;
 - iii) Testimonial from the last educational institution;
 - iv) Bank receipt slip.
4. Without necessary documents application shall be rejected.

Application Processing Fee

Application processing fee: _____

Bank receipt no.: _____

Date: _____

Application Information

Application Submission Date: _____ Session: _____ Name of Regional Center: _____

Applicant's Personal Information

1. Name of the Applicant: _____

2. Mother's Name: _____

3. Father's Name: _____

4. Date of Birth (DD/MM/YYYY): _____ / _____ / _____

5. Gender: Male Female

6. Marital Status: Single Married Others

7. Citizenship: _____

8. National ID No. (if any): _____

9. Present Address: _____

District: _____ Postal Code: _____

10. Permanent Address: _____

District: _____ Postal Code: _____

11. E-mail (if any): _____ Telephone (Residence): _____

12. Cell Phone (Personal): _____ Cell Phone (Guardian): _____

Academic Records

| Name of the Examination | Name of the Degree | Session | | Passing Year | Board/ University | Name of the Institution | Group/ Discipline | Division/ GPA/ CGPA |
|--------------------------------|--------------------|---------|----|--------------|-------------------|-------------------------|-------------------|---------------------|
| | | From | To | | | | | |
| S. S. C/ Equivalent | | | | | | | | |
| H. S. C/ Equivalent | | | | | | | | |
| Bachelor of Science/Equivalent | | | | | | | | |
| Others | | | | | | | | |

Other Information

1. Are you a freedom fighter/ Dependent of freedom fighter?
If yes, provide necessary document. Yes No
2. Are you a part of small ethnic group?
If yes, provide necessary document. Yes No
3. Are you a part of disable group?
If yes, provide necessary document. Yes No
4. Have you ever been dismissed, suspended or expelled from any educational institution?
If yes, attach the reasons in a separate page. Yes No

Declaration by Applicant

I hereby undertake that if I am admitted into Bangladesh Open University, I will by all means, abide by all decisions, rules and regulations of Bangladesh Open University. I accept that manufacture, distribution, possession and consumption of tobacco products, alcohol, drugs and controlled substances are strictly prohibited in Bangladesh Open University premise and that I may be expelled for violating this rule or for abetting violations. I agree that if I perform well, the university can use my name in all its documents or any other forms wherever relevant/required. Bangladesh Open University reserves the right to change its policies, curricula or any other matters and to revise its tuition and other fees as and when necessary. I also accept that withholding or hiding or distorting any information required in this application or giving false information or submitting any false document may lead to disciplinary action including expulsion, cancellation of my Admission/Results/Degree(s), as the case may be.

I hereby declare that the above statements are correct and complete to the best of my knowledge.

Signature of the Father/Mother/Guardian:

Signature of the Applicant:

Full Name:

Full Name:

Date:

Date:

For Office Use Only

| For scrutiny all documents | Chairman of the Admission Committee |
|--|--|
| <input type="checkbox"/> Submitted all documents properly | <input type="checkbox"/> Allowed for admission test |
| <input type="checkbox"/> Partially submitted documents | <input type="checkbox"/> Allowed conditionally/Provisionally |
| <input type="checkbox"/> Photograph/Fee slip/other documents missing | <input type="checkbox"/> Not allowed for admission test |

| For Admission Wing | Chairman of the Admission Committee | Marks obtained in admission test | |
|---|--|----------------------------------|------|
| All documents, certificates have been submitted | <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended | Admitted | |
| Signature of the Authorized Officer with Seal | Signature and Seal | | Dean |



*Form Sl. No.-

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ADMIT CARD

Admission Test of the Master of Disability Management and Rehabilitation Program

Admission Test Roll No. (For office use only):

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Session (For office use only):

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Date and Time of Admission Test :
(For office use only):

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Center of the Admission Test :
(For office use only):

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Attach two passport
size photograph with
duly attested

Name of Applicant:

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Mother's Name:

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Father's Name:

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Seal

Signature of the Chairman,
Admission Committee



Receipt of the application form of admission in the _____ academic year

*Form Serial No.-

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Applicant's Name

(in Bangla): _____

(in English): _____

Receiving Date of Application Form: _____

Receiver's Signature of the Application: _____

1. List of eligible candidates for admission test
2. Date, Time and Venue of admission test
3. List of eligible candidates for Viva-voce
4. List of selected candidates according to merit and waiting list
5. Date and Time of admission, orientation and class

Will be informed
through BOU Notice
Board, National Dailies and
Websites:
www.bousst.edu.bd
or
www.bou.edu.bd