Chittagong University of Engineering & Technology (CUET)

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For office use only:

Application number

Academic Session

APPLICATION FORM FOR ADMISSION TO POST GRADUATE STUDIES

M. Sc. Engg. M. Engg. M. Phil. Ph. D.

Department / Institute: .........................................................................................

Full time Part time

Preferred course and mode of study (Please tick appropriate box):

1. PERSONAL INFORMATION

(a) Full Name (IN BLOCK LETTERS):

(Mr./Mrs./Miss)

(b) Father's Name:

(c) Mother's Name:

(d) Sex(F/M):

(e) Marital Status:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Day | Month | Year |

(f) Date of Birth:

(g) Nationality/ Citizenship: ...........................................................

(h) Permanent Home Address (IN BLOCK LETTERS)........................................................

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E-mail: .................................................Tel:......................................Fax:.............................

Address for Correspondence: (IN BLOCK LETTERS)........................................................

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E-mail: ..............................................Tel:....................................Fax:.............................

2. EDUCATIONAL BACKGROUND

(a) Please list all Universities / Collage / School qualifications gained below in chronological order (Evidence of qualifications should be submitted with in this application).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Certificate/  Degree(Course Duration) | Name of Institute/University | Subject | GPA/Class | Years Attended | Date of Degree Awarded |
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(b) Academic Distinctions or Awards:

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(c) Research Publications (Please attach publications list if there is not enough space available here) :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Title of the paper | Name of the Journal/Proceeding with Vol. no.& PP. | Year and Country of Publication | Name of the Author(s) |
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(d) For Ph. D. Study:

Please include the title of the M. Sc. Engg./ M. Engg. /M.Phil Submitted Thesis and Name & address of the supervisor:

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3. ACADEMIC/PROFESSIONAL EMPLOYMENT

(a) Experiences:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of employer(s) | From | To | Position | Full time/ Part time |
|  |  |  |  |  |
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(b) Please list any short courses attended that you consider relevant to the application:

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Place of study | Date(s) | Organizing body (Qualification / Awarded (if any)) |
|  |  |  |  |
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(c) Summarize any memberships in professional (Name of organization, number and date of membership):

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(d) Include any other relevant information you feel pertinent to the success of your application:

4. RESEARCH DETAILS

(a) Subject/Field of Research:

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(b) Proposed name and address of supervisor (For Ph. D. student) :

(Please attach an acceptance letter from the supervisor)

(c) Proposed plan of research (400 words maximum):

(Please attach sheet if necessary)

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Please list the names, positions, address and contact details of two senior academic referees familiar with applicant's work.

(a) Referee 1

Name: Position:

Address:

Tel:

Fax: E-mail:

Referee 2

Name: Position:

Address:

Tel:

Fax: E-mail:

6. DECLARATION (**applicant must complete**):

I declare that to the best of my knowledge the information given in this application is correct and complete. I recognize that it is my responsibility to provide all necessary documentary evidence of my qualifications and studies and hereby authorize CUET to obtain further information where necessary. I agree to present the original copies of my academic result and transcripts for verification by CUET, if required. CUET reserves the right to withdraw my offer or enrolment at any stage during my course where false or misleading information has been provided.

Signature of the Applicant Date

Please submit your complete application to **: Registrar**

# CUET, Chittagong-4349

**Bangladesh**

**(Office use only)**

Application received by .................................. Signature....................................Date.............

Admission approved Admission rejected

Signature and Date:.................................................................................................................

Chairman

(Postgraduate admission committee)