

German University Bangladesh

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

Phone: +8802 929 4511, Cell: 01767-600222, 01767-600282

E-mail: admission@gub.edu.bd, Website: www.gub.edu.bd



Please affix a
passport size
photograph here

ADMISSION FORM

Applicant for admission in :

Receipt no. : _____

Semester:

Program :

Year : _____

1. Applicant's Name :

(as in SSC/O Level/Equivalent)

Fast Name

Middle Name

Last Name

National ID/

Birth Certificate No

Contact No

Passport No

Email

Date of Birth

Day

Month

Year

Nationality

Blood Group

Gender

Male

Female

Marital Status

Single

Married

2. Father's /

Husband's name

Mother's name

Occupation

Occupation

Designation

Designation

Work address

Work address

National ID

National ID

Contact No

Contact No

Email

Email

3. Mailing address of the applicant

Apartment/House

Street/Road

Village/Area

Post office

Postal Code

P.S/City

Country

Home/Cell phone

4. Permanent address of the applicant (if different from mailing address)

Apartment/House

Street/Road

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	Group	Passing Year	Division/GPA/CGPA

H.S.C./ College/GCE

Institution	Board	Group	Passing Year	Division/GPA/C GPA

Graduation/ University

Institution	University	Group	Passing Year	Division/GPA/C GPA

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

8. Have you ever been dismissed, suspended or expelled from any institution of learning?

Yes No

If yes, describe briefly or attach a statement.

9. How did you hear about GUB? :

10. 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 and belief.



Signature of applicant

Signature of Parents/Guardian

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 below this space)

Registration No : _____

Applicant's Name
(as in SSC/ 'O' Level/Equivalent) : _____

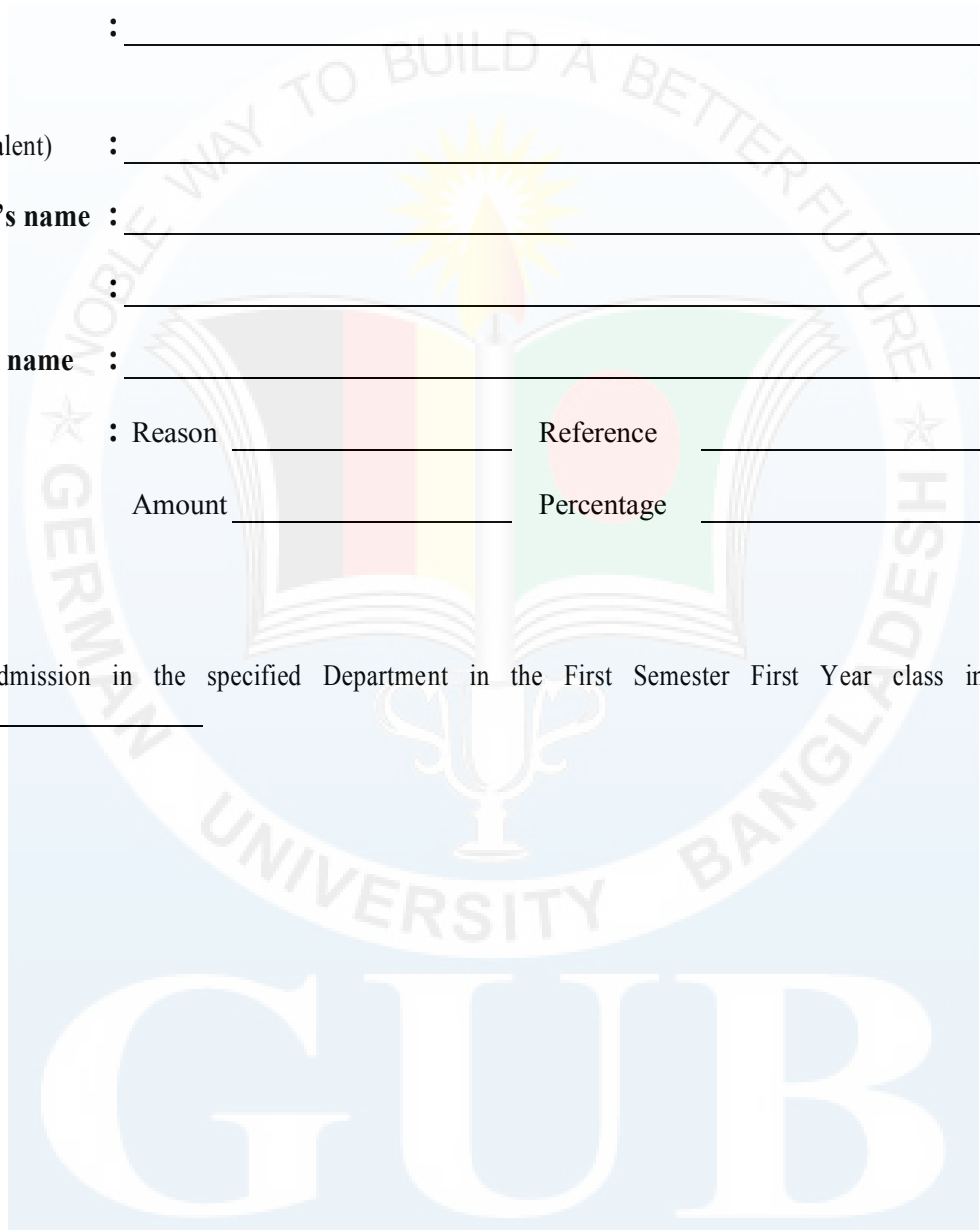
Father's name/Husband's name : _____

Mother's name : _____

Cost bearing Guardian's name : _____

Waiver : Reason _____ Reference _____
Amount _____ Percentage _____

Has been selected for admission in the specified Department in the First Semester First Year class in the Semester, Winter/Summer- _____



_____	_____	_____			
Verified By	Head , _____ Department	Registrar			
_____	_____				
Full name (Print)	Full name (Print)	(Seal)			
_____	_____	_____			
Day	Month	Year	Day	Month	Year

Please affix a passport size photograph here

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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

Amount

Percentage

Admission Officer

Head, _____ Department

Registrar

Full name (Print)

Full name (Print)

(Seal)

Day

Month

Year

Day

Month

Year

Day

Month

Year