

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 : _____ Nationality : _____
Day _____ Month _____ Year _____

Gender : _____ Male _____ Female _____ Blood Group : _____

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) : _____

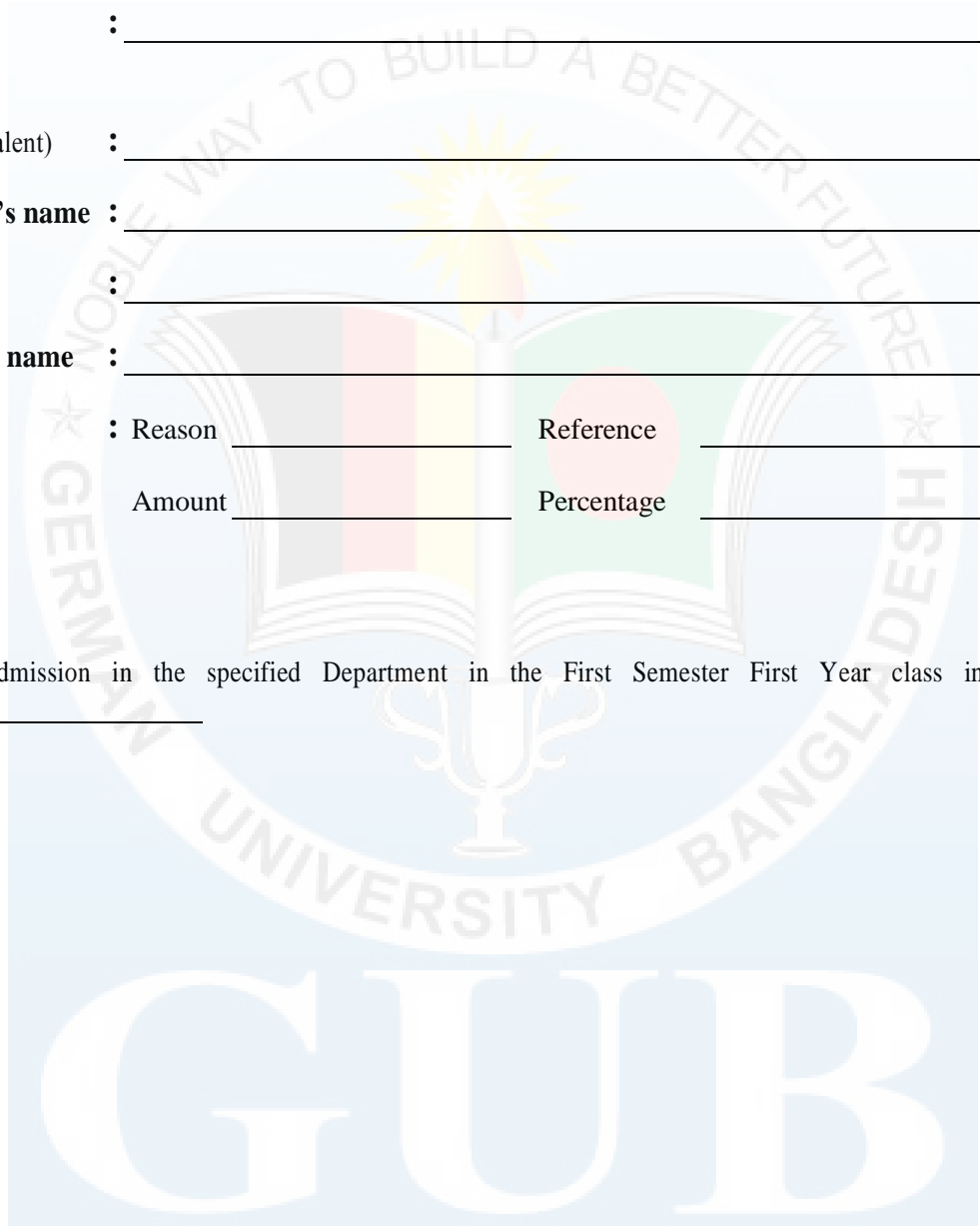
Father's name/Husband's name : _____

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