

## INSTITUTE OF INFORMATION TECHNOLOGY

University of Dhaka Dhaka-1000

Tel: 9661900-73 PABX-8671 E-Mail: <a href="mailto:iit@univdhaka.edu">iit@univdhaka.edu</a>

Add Picture

PP Size

## **Application Form for Office Applications for Smart Office Course**

1.	Applicant Name	:						
2.	Father's Name	:						
3.	Mother's Name	:						
4.	Mailing Address	:						
5.	Permanent Address	:						
6.	Contact Info : Cell No			o # Email-ID (If any):				
7.	Nationality	:						
8.	Academic Record <sup>1</sup>							
	Degree/Diploma			Subject	Institution	Year	Class/Div.	
<sup>1</sup> (M	ore recent at first)							
7.	Computer Knowledge (i	if any	): —					
				Official 1	Use Only			
8.	Received Amount T	'k/·				Date:		
о. Г					(Filled by An	plication Receiver)		
(Filled by coordinator)			<u>,, , , , , , , , , , , , , , , , , , ,</u>	Datah Mar		<u> </u>		
עו	NO: B	-		Batch No:		No :		
			Day:		Time	:		
			Coordinator				Received by	

Verified by

Please submit the following documents with the application:
(Insert $\sqrt{mark}$ on the left side of each of the following item if submitted)
$\Box$ Two (2) copy passport size photographs, one of them attached with the application
☐ Certificate of H.S.C. or equivalent certificate
Applicant Signature with Date
Applicant Signature with Date

**Checklist:**