



MBA (Weekend) Program  
Faculty of Business Studies  
Comilla University, Cumilla



Roll No.

Application Form

Name of the Applicant:.....  
Father's Name:.....Mother's Name:.....  
Permanent Address:.....  
Mailing Address:.....  
Occupation:.....E-mail:.....  
Telephone: (Office).....(House).....(Mobile).....

Educational Qualifications (Supported by documents)

Certificate / Degree Obtained	Session	Exam Held in	Year of passing	Board / University	Class / CGPA
S.S.C/ Equivalent					
H.S.C/ Equivalent					
Degree (2/3/4 years)					
Master					
Total years of schooling (Use the brochure to fill in the column)					

Professional Experiences (Positions held must be supported by employment certificates)

Organization	Position Held	Period		Total
		Form	To	
Total years of experiences (Use the brochure to fill in the column)				

I certify that the information provided in the application form is true and correct. I understand that my application for admission will be cancelled if any information is found untrue.

Date:.....(Signature of the Applicant)

(For Official Use Only)

Score on Years of Schooling: .....Score on Professional Experiences:.....  
Admission Test Score:.....Interview Score:.....Total Score:.....

Date:.....(Signature of the Dean)  
.....



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Roll No.

Admit Card  
(For use in the Examination Hall)

Name of the Applicant:.....  
.....



MBA (Weekend) Program  
Faculty of Business Studies  
Comilla University, Cumilla  
Acknowledgement Receipt and Admit Card  
(Please bring it to the Examination Hall)



Roll No.

Name of the Applicant:.....

Date:.....(Signature with Seal)