



American International University - Bangladesh

"Where Leaders are Created"

General Information Change Application

Office Copy



Reference No: 130184

22-46484-1, SHIHAB, MD. SIKHUL ISLAM

Current Information:

Name :	MD. SIKHUL ISLAM SHIHAB	Mobile No. :	01889031522
Email :	sikhulshihab@gmail.com	Date of Birth :	23-Mar-2003
Country of Citizenship :	Bangladesh	Marital Status :	Single
Gender :	Male	Religion :	Islam
		Blood Group :	Opos
Father Name :	MD.Omar Faruk	Father Mobile No. :	01853455072
Mother Name :	Marzia Sultana	Mother Mobile No. :	01813612616
Present Address :	Apartment: not applicable, House:105, Road:1204, Area:jurain, PostOffice:faridabad, PostCode: not applicable, PoliceStation:kadamtoli, District:dhaka, Country:Bangladesh		
Permanent Address :	Apartment: not applicable, House:105, Road:1204, Area:jurain, PostOffice:faridabad, PostCode: not applicable, PoliceStation:kadamtoli, District:dhaka, Country:Bangladesh		
Guardian Name :	Marzia Sultana	Guardian Mobile No. :	01813612616
Guardian Email :		Passport No. :	
Passport Issue Date :	08-Dec-2021	Visa Type :	
Passport Expire Date :		Visa No. :	

Applied Information:

Name :	MD. SIKHUL ISLAM SHIHAB	Mobile No. :	01889031522
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Guardian Email :		Passport No. :	
Passport Issue Date :	08-Dec-2021	Visa Type :	
Passport Expire Date :		Visa No. :	

Supporting documents(Photocopy) needed for changing this information: Both S.S.C & H.S.C(A'Level/O'level) Certificate or Transcript(Name Change), Birth Certificate or NID(Birthdate Change), Blood Group Report(Blood Group Change), Any Utility Bill Copy(Any Address Change), Copy of Passport [Info and Visa page](Visa Number/ Type Change), Relevant legal document(Marital Status Change), Copy of latest Passport or National ID(Nationality Change), Copy of Birth Certificate or Passport or National ID or Legal Affidavit(Father's Name & Mother's Name Change)

Changed : Father Name

Requested Date : 10/5/2025 4:11:46 PM (Validity of this application will expire after 05-Nov-2025 if not approved within this date)

Terms and Conditions: I hereby certify that the information provided in this form are true and correct.

Parent / Guardian		Student	
Name		Name	
Signature & Date		Signature & Date	

Office Use Only			
Received By	Recommended By	Approved By	Processed By

Instructions :

Step 1: Submit the printout paper to Information Department with proper supporting documents and get signed student copy from them.

** Please do not bend the application printout paper. **

** Your application will be processed within 7 working days. **

Print Date: 10/5/2025 4:11:56 PM

Printed By: 22-46484-1 SHIHAB, MD. SIKHUL ISLAM



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Guardian Email :		Passport No. :	
Passport Issue Date :	08-Dec-2021	Visa Type :	
Passport Expire Date :		Visa No. :	

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