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Email: admission@easternuni.edu.bd

Please affix one passport size photograph

ID:		Semester: Spring / Summer / Fall - 20			
Program:		Date of Admission:			
Money Receipt/ Trx ID (Form):					
Money Receipt/ Trx ID (Admission Fee):					
Name of the Student (in BLOCK letters):					
Date of Birth:	te of Birth:, Blood Group:, Home District:,				
Cell No.:, E-mail:					
Present Address:					
Flat/Apt. No, House No.:, Road No.:,					
Area/Village:, Post Office:, Post Code:,					
Police Station:	, District:	, Country:			
Emergency contact person:					
Name:	, Cell No.:				
Academic records:					
Name of the Examination	Institution	Board/	Result	Year	
SSC/Dakhil		University			
HSC/Alim/Diploma					
Bachelor's Degree					
Master's Degree					
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Date:

Signature of the student: