****

**Course Title**: Computer Fundamentals &

Office Applications

**Topic:** Project on- (All MS word features)

**Submitted to: Submitted by:**

Tania Islam Mst.Tamanna

Assistant professor

Department of CSE

Roll: 21BAN043

Batch: 47

**Date of Submission:** 06 December 2024

1.Personal Table

SURE NAME ………………………………. FIRST NAME ……………………………………….

DATE OF BIRTH ………………………………. PLACE OF BIRTH ………………………………………..

SEX ……………………………… TITLE …………………………………………

MARITAL STATUS …………………………….. PREVIOUS SURNAME(IF ANY)…………………………….

NATIONAL ID ……………………………… RACE ………………………………………..

NATIONALITY ……………………………… CITIZENCE ………………………………………….

PROVINCE …………………………… RELIGION …………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | IF YES TYPE AND ATTACH /OR PROOF |
| ANY PHYSICAL DISABITY |  |  |  |
| ARE YOU AWAR VETERAN |  |  |  |

2 CONTACT DETAILS (ALL CORRESPONDENT WILL BE FORWORDED TO THE PHYSICAL ADDRES)

PHYSICAL ADDRESS …………………………………. NEXT OF KINS NAME ……………………………………

………………………………….. RELATIONSHIP ……………………………………

………………………………….. NEXT OF KIN ADDRESS …………………………………

………………………………….. ……………………………………..

3.programing choice (place indicate dkxfgjh programine andb of specuialist jkwef)

FIRST CHOICE PROGRAME: ………………………………………………………………….

SECONE CHOICE PROGRAM ………………………………………………………………….

THIRD CHOICE PROGRAME …………………………………………………………………

TICK APPROPRIATE

ENTRY TYPE : NORMAL MATURE SPECIAL

INTAKE TYPE : FULL PARALEL BLOCK RELEASE VISUAL

SPONSHIP: GOVMENT :GOVERO OTHER…………………………………………………………………………………

**……………………………………………………………………………………………………………………………………………………………**

FOR OFFICE USE ONLY

RECEIPT NUMBER: ……………………………………… DATE OF RECEIPT ……………………….

APPLICATION NUMBER ……………………………………… DATE RECIVED : ………………………

SURE NAME ………………………………. FIRST NAME ……………………………………….

1.Personal Table

DATE OF BIRTH ………………………………. PLACE OF BIRTH ………………………………………..

SEX ……………………………… TITLE …………………………………………

MARITAL STATUS …………………………….. PREVIOUS SURNAME(IF ANY)…………………………….

NATIONAL ID ……………………………… RACE ………………………………………..

NATIONALITY ……………………………… CITIZENCE ………………………………………….

PROVINCE …………………………… RELIGION …………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
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PHYSICAL ADDRESS …………………………………. NEXT OF KINS NAME ……………………………………

………………………………….. RELATIONSHIP ……………………………………

………………………………….. NEXT OF KIN ADDRESS …………………………………

………………………………….. ……………………………………..

CELL/TEL …………………………………. …………………………………

Email address ………………………………….. cell/Tell ………………………………….

3.programing choice (place indicate dkxfgjh programine andb of specuialist jkwef)

FIRST CHOICE PROGRAME: ………………………………………………………………….

SECONE CHOICE PROGRAM ………………………………………………………………….

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