

ARMY INSTITUTE OF BUSINESS ADMINISTRATION (AIBA) SAVAR
Savar Cantonment, Dhaka-1344
ADMISSION FORM FOR BBA PROGRAMME
(For Official Use Only)

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1. Index No: _____ 2. Class ID No: _____ 3. Date of Admission: _____
4. Registration No : _____ 5. Session: _____
6. Waiver related information (Put \sqrt Mark):
 - a. GPA 5 in HSC b. Generation of Freedom Fighter c. Children of Armed Forces Personnel (Serving /Retired).
 - d. Sibling e. Student passed from College run by Army Authority.
7. List of deposited Certificates & Other Papers
 - a. SSC Certificate/Equivalent: Main Copy + Photo copy
 - b. SSC Mark sheet: Main Copy + Photo copy
 - c. HSC Certificate/Equivalent: Main Copy + Photo copy
 - d. HSC Mark sheet: Main Copy + Photo copy
 - e. HSC Testimonial: Main Copy + Photo copy
 - f. National ID/Nationality Certificate: Main Copy + Photo copy
 - g. Birth Certificate: Main Copy + Photo copy
 - h. Waiver related Certificate: Main Copy + Photo copy
 - j. Any Other: Main Copy + Photo copy
8. Payable Amount during Admission: Taka.....

Admission Officer's Signature

(To be filled up by Applicant)

Note: Incomplete application will not be considered for admission. AIBA Savar authority reserves all rights to cancel candidature of any candidate without showing any reason.

1. Applicant's Name (In English, Capital):.....
(বাংলায়):.....

2. Father's Name:.....Profession:..... Tel No:.....

3. Mother's NameProfession:..... Tel No:.....

4. Permanent Address:.....
.....

5. Date of Birth (according to SSC certificate): Day:..... Month:..... Year.....

6. Gender: Male/ Female 7. Blood Group: 8. Marital Status: Single/ Married

9. Siblings: Brother: Sister:

10. Name and ID sibling who is studying in AIBA Savar:

11. Religion:..... 12. Nationality:.....

13. Monthly Income of Father/Mother/Guardian:.....

14. Educational Qualification:

| Name of Exam | Passing Year | Name of Institution | Roll No | Board | GPA |
|--------------|--------------|---------------------|---------|-------|-----|
| | | | | | |
| | | | | | |

15. Hobbies/Extra-curricular Activities:_____

16. Any Other Activities/Achievements:_____

17. Local Guardian’s Name with relation, Address and Cell Phone No

18. Applicant’s Cell Phone No: Email ID:

UNDERTAKING

We do hereby certify that all the information furnished in this form by us is complete and correct. We agree to abide by all the rules and regulations of the Institution and ensure to pay all fees & charges duly. We also undertake to abide by any decision of the Institute regarding academic/administrative affairs.

Student’s Signature:..... Guardian's name:.....

Date:..... Signature:.....

Date:.....

Comments of Section Officer (Account)

1. Amount Paid: Taka.....2. Procedure: Cash/Pay order/Online transfer/.....

3. Remarks:

Signature of Section Officer (Account)
Date:

Comments of Deputy Director (Academy)

Signature of Deputy Director (Academy)
Date: