

Department of Mathematics

University of Rajshahi, Rajshahi-6205

Master of Science in Mathematics

(Evening Program for one year)

January – December (Session 2016)

APPLICATION FORM

Fix a Copy of
Passport Size
Photograph

1st Batch	Admission Test Roll No. (For office use only) :
-----------------------------	--------------------------------------------------------

Applicant's Name (in block letters): _____

Father's Name: _____

Mother's Name: _____

Mailing Address: _____

Mobile/Phone Number: _____ e-mail _____

Academic Records*:

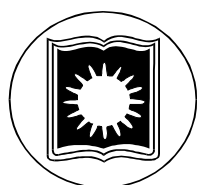
Name of Degree	Institution/Board	Group/Subject	Passing Year	Result
M.Sc./Equivalent (if any)				
B.Sc.(Hon's)/ B.Sc./Equivalent				
HSC/Equivalent				
SSC/Equivalent				

*Attested photocopies of all documents (Certificates/Testimonials, Mark Sheets) must be enclosed within the application

Bank draft/ deposit slip No. (Agrani Bank, Rajshahi University Branch, Rajshahi) _____ Date _____

Signature of Applicant _____ Date _____

(Note: Application will not be processed unless duly signed by the applicant himself/herself)



ADMIT CARD

Department of Mathematics

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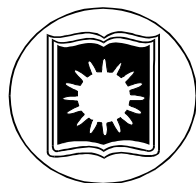
Mother's Name: _____

Date of the Admission Test (For office use only): _____

Signature of the Coordinator

1st Batch, Evening Master's

Department of Mathematics, Rajshahi University, Rajshahi-6205



Department of Mathematics
University of Rajshahi, Rajshahi-6205
Master of Science in Mathematics
(Evening Program for two years)
January – December (Session: 2016-2017)
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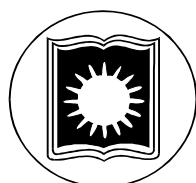
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