



ROKEYA BEGUM INTERNATIONAL SCHOOL & COLLEGE

Address: Barua (Ashiyan Medical College Hospital Complex), Khilkhet, Dhaka-1229
Mobile: 01313 078940, 01313 078941, E-mail: rokeyabegum.isc@gmail.com

ADMISSION FORM

(To be filled in block letters)

1. Student's Name: _____
ছাত্র/ছাত্রীর নাম (বাংলায়): _____
2. Date of birth: _____ Place of birth: _____ Age as on 01/01/202 _____
3. Nationality: _____ Gender: _____ Blood Group: _____ Religion: _____
4. Applied for Class: _____ Shift: _____ Morning: _____ Day: _____
5. Name of the previous School (If applicable): _____ Class: _____
Result of Last/Final Term Exam: Obtained Marks(%) / Grade _____ TC No: Date: _____
6. Physical Data:
a) Height: _____ b) Weight: _____ c) Complexion: _____ d) Color of eye: _____
e) Identification Mark: _____
7. Father's Name: _____
Academic Qualification: _____ Occupation: _____
Designation: _____ Monthly Income: _____
8. Present Address: House: _____ Road No. _____ Village/Ward/Sector: _____
Post office: _____ Thana/Upazilla: _____ District: _____
Telephone No office: _____ Residence: _____ Mobile: _____
9. Permanent Address: House: _____ Road No. _____ Village/Ward/Sector: _____
Post office: _____ Thana/Upazilla: _____ District: _____
Telephone No office: _____ Residence: _____ Mobile: _____
10. Mother's Name: _____ Occupation: _____
Academic Qualification: _____
Designation: _____ Monthly Income: _____
Official Address: _____
11. Present Address: House: _____ Road No: _____ Village/Ward/Sector: _____
Post office: _____ Thana/Upazilla: _____ District: _____
Telephone No office: _____ Residence: _____ Mobile: _____

12. Present Address: House: _____ Road No. _____ Village/Ward/Sector: _____
Post office: _____ Thana/Upazilla: _____ District: _____
Telephone No office: _____ Residence: _____ Mobile: _____

13. Name (In absence of parents): _____
Relationship with applicant: _____ Profession: _____
Address: _____
Telephone/ Mobile no: _____ E-mail: _____

14. Acute disease/physical inability, if any: _____

It is certified that the statements given above are correct and accurate to the best of my knowledge and belief. I shall obey and accept the decision of the authority if any information as intimated beyond given information.

15. Any other information: _____

16. Declaration:

I,, hereby declare that the information furnished above is absolutely true to the best of my knowledge. Proof of any wrong/false information will lead to my disqualification for admission.

Signature of Parent / Guardian
Date: _____

Signature of Student
Date: _____

FOR OFFICE USE ONLY

Selection for admission in class: _____ Roll no: _____ Section: _____ Shift: _____
Remarks:

Vice Principal's Remarks:

Singature of the Vice Principal
Date:

Approved/Not Approved
Date: _____

Signature of the Principal