



Shanto-Mariam University of Creative Technology

House#01, Road#14, Sector#13, Uttara, Dhaka-1230.
Contact: 88-02-48962714, 48964596, Hotline: 01969904000

BIR MUKTIJODDHA MD. IMAMUL KABIR SHANTO SCHOLARSHIP

This application form should be written in block / capital letters:

STUDENT INFORMATION

Name in Full	<input type="text"/>		
Programme	<input type="text"/>	Current Semester	<input type="text"/>
ID No.	<input type="text"/>	Date of Birth	<input type="text"/>
Phone No	<input type="text"/>	E-mail	<input type="text"/>
NID / Birth Certificate No	<input type="text"/>		
Present Address	<input type="text"/>		
	<input type="text"/>		
Permanent Address	<input type="text"/>		
	<input type="text"/>		

PARENT / GUARDIAN INFORMATION

Father's Name	<input type="text"/>	Mobile	<input type="text"/>
Mother's Name	<input type="text"/>	Mobile	<input type="text"/>
Local Guardian's Name	<input type="text"/>	Mobile	<input type="text"/>
Local Guardian's Address	<input type="text"/>		
	<input type="text"/>		

ACADEMIC INFORMATION

SSC GPA

HSC/ Diploma GPA

Current Semester GPA: 1st 2nd 3rd 4th 5th 6th
7th 8th 9th 10th 11th

SCHOLARSHIP & INCOME INFORMATION

Do you receive any scholarship currently Yes No Percentage

State Your Family Income Information:

Father's / Guardians Profession Yearly Income

Income Certificate No.

Income Certificate Issuing Authority

Chairman / Councillor/ Mayor's Mobile No.

WHY DO YOU NEED FINANCIAL AID: (Please attach a sheet if needed)

Signature of the Applicant

Date:

Signature of HoD

Date:

Office use Only:

Awarded Yes No

Tuition fee Scholarship Percentage

Remarks: