

# UNIVERSITY OF SKILL ENRICHMENT AND TECHNOLOGY (USET)

## University for 21<sup>st</sup> Century



Samad Banu Tower, E-206/1, Signboard, Siddhirganj, Narayanganj  
Phone: 01756897059, 017548883159  
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Please affix here a  
Passport Size  
Photograph duly  
attested

### Application Form for Admission

Spring 20\_\_\_\_\_ Autumn 20\_\_\_\_\_ Admission Test Roll No.: .....

1. Name of the program: \_\_\_\_\_

2. Name (In Block Letter):

\_\_\_\_\_

First Name Middle Name Last Name Nick Name

3. Date of Birth:

\_\_\_\_\_

Day Month Year Place of Birth Citizenship

4. Sex: Male  Female  Marital Status: Married  Single  Other

5. Blood Group: \_\_\_\_\_

6. Mobile: \_\_\_\_\_

7. Email: \_\_\_\_\_

8. Mother's Name: \_\_\_\_\_

9. Father's Name: \_\_\_\_\_

10. Contact Address: \_\_\_\_\_

Email (If Any): \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Important Information: Read Carefully	For Official Use Only
<ul style="list-style-type: none"> <li>The Application –processing fee of Tk. 500 is nonrefundable</li> <li>The Applicant should submit:               <ul style="list-style-type: none"> <li>(a) Completed application form</li> <li>(b) Three passport size photographs duly attested</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Admission Accepted</li> <li>Accepted with conditions</li> <li>Rejected</li> </ul>

<p>(c) Attested copies of Academic Certificates, Mark Sheets, Transcripts, Testimonials</p> <ul style="list-style-type: none"><li>• The final decision regarding admission will be based on the candidate's academic records and results of the admission test where applicable. The decision of the USET admission committee shall be final.</li></ul>	
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**11. Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. (a) Name, Work Address of Father/ Mother/Guardian:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(b) Work Telephone/Mobile No. of Father:**  
\_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian (If Applicable):**  
\_\_\_\_\_

**13. (a) Name of Contact Address of Local Guardian:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(b) Relationship of Applicant with the Local Guardian:** \_\_\_\_\_

**(c) Local Guardian's Contact No:** \_\_\_\_\_

**14. Have you ever been withdrawn, suspended or expelled from any educational institute?**

If yes, attach a statement or give reasons:

**15. Have you been admitted at University of Skill Enrichment and Technology before?** Yes  No

If yes, give ID No. and state current status:

**16. List of the School and Colleges you have attended before or are now attending with dates:**

**SSC/Secondary School/GCE "O" Level/or Equivalent:**

<b>Institution</b>	<b>Year (from) - Year (to)</b>	<b>Division/GPA/Grade</b>

**HSC/High School/GCE "A" Level/or Equivalent:**

<b>Institution</b>	<b>Year (from) - Year (to)</b>	<b>Division/GPA/Grade</b>

**College/University/or Equivalent:**

<b>Institution</b>	<b>Year (from) - Year (to)</b>	<b>Division/GPA/Grade</b>

**Experience (Business, Professional, Others) If any:**

<b>Institution/Organizations</b>	<b>Position/Title</b>	<b>Date (From -To)</b>

**17. Merit Scholarships, Academic Honors and Awards, others:**

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**18. List of Hobbies, Sports and interests:**

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**19. Annual Income of Parents/Guardians:**

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**20. Declaration:**

I hereby accept that if admitted at University of Skill Enrichment and Technology, I shall be bound by the rules and regulations of the University and the Code of Conduct for the students of the University of Skill Enrichment and Technology.

I accept that manufacture, distributions, possessions and consumption of tobacco products, alcohol, drugs and controlled substances are strictly prohibited in the campus of the University of Skill Enrichment and Technology and that I may be withdrawn/suspended for violating the rules.

I agree that withholding information requested in this application or giving false information will make me ineligible for admission at the University of Skill Enrichment and Technology and liable to be withdrawn, if admitted.

I agree that if I perform well, the university can use my name in all its documents, wherever and whenever relevant.

I hereby declare that the above statements are correct and complete to the best of my knowledge.

**Important:** The application will not be processed unless signed by the Applicant and Mother/Father/Guardian.

\_\_\_\_\_  
Signature of Mother/Father/Guardian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Full name of Mother/Father/Guardian  
(In Block Letters)

\_\_\_\_\_  
Full name of Applicant  
(In Block Letters)



## UNIVERSITY OF SKILL ENRICHMENT AND TECHNOLOGY (USET)

### Campus Address:

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### INSTRUCTIONS:

- Bring your pen, pencil, sharpener, eraser, and calculator.
- Mobile Phones or any type of radio devices are prohibited during admission test.

## ADMIT CARD

For office use only

Spring 20 \_\_\_\_\_ Autumn 20 \_\_\_\_\_

**Admission Test Roll No.:** (To be filled by USET Official) \_\_\_\_\_

**Name of Test/Examination:** \_\_\_\_\_

**Date & Time of Test/Examination:** \_\_\_\_\_

**Place of Test/Examination:** University of Skill Enrichment and Technology (USET)

**Please write your name below in block letters:**

**Applicant's Name:** \_\_\_\_\_

Please affix here a  
passport size  
photograph duly  
attested

Name of Issuing Officer.....Signature.....