

Sl No:



**APPLICATION FORM FOR ENROLMENT TO  
M.PHIL PROGRAM, SESSION 2024-2025  
UNIVERSITY OF CHITTAGONG**

**PRAYER FOR ENROLMENT TO M.PHIL PROGRAM (WITH/WITHOUT SCHOLARSHIP)**

1. Name of the applicant in full (in block letters) :.....
2. a. Father's/Husband's Name :.....  
b. Mother's Name : .....  
c. Guardian's Name and address in full (if the father is not alive) : Vill.:..... P.O.:.....  
: P.S.:.....Dist.:.....
3. Date of Birth : .....
4. Permanent address : Vill.:.....P.O.:.....  
P.S.....Dist:.....
5. Mailing address with telephone no. :.....
6. Nationality : .....
7. Religion : .....
8. Married or Unmarried (If married, name, address and occupation husband/wife should be mentioned.) :.....
9. Whether at present under any employment ? If so give details : .....
10. Academic career:

Name of Examinations passed	Year of passing the examinations	subject, if applicable	Name of the Board /University	Div./Class/GPA CGPA obtained
S.S.C or equivalent with group				
H.S.C or equivalent with group				
B.A/B.Sc/B.Com/B.S.S B.B.A (Hons/Pass with subject				
M.A/M.Sc/M.Com/M.S.S /M.B.A with subject				

11. Scholarships, Stipends, Prizes, Medals etc,  
if any previously obtained  
(use separate sheet, if necessary)  
:.....
12. List of publications, if any  
(use separate sheet, if necessary)
13. If any research undertaken/completed,  
give details(use separate sheet, if necessary)  
:.....
14. A research proposal (not exceeding  
1000 words, must be enclosed at the time  
of application ) which among other things,  
should include the following aspects:  
i Title  
ii Statement of the problem  
iii Objectives of the study;  
iv. Literature review in the respective field .....  
v. Methodology of the study.
15. i. I do hereby declare that I shall devote myself for this research work. I shall not prepare myself for  
any University examination other than that for M.Phil examination during the period.  
ii. I do hereby declare that I shall abide by the M.Phil. Ordinance and any other rules and  
regulations framed by the University in this regard from time to time .

Dated:

Signature of the applicant

16. Remarks of the Supervisor:

Signature & Name of the Supervisor  
with Name & Address

17. Remarks of the Joint Supervisor, if any:

Signature & Name of the Joint Supervisor  
with Name & Address

18. Recommended and Forwarded

Date: \

Signature & Seal  
Chairman/Director  
Department/Institute  
University of Chittagong

21. Bank Draft No:

Date:

22. Amount of Taka:

/- Name of Bank with branch:

**N.B.: The following documents will have to be enclosed with this application:**

1. Attested copies of all academic certificates, mark sheets and NID.
2. Attested copies of three recent passport size photographs.
3. Clearance certificate of the employer, if any, before joining.