National Agricultural Technology Program-Phase II Project

Project Implementation Unit (PIU) Bangladesh Agricultural Research Council New Airport Road, Farmgate, Dhaka-1215

Photo

Application form for selection of PhD.											
Area of interest:											
 Instruction: please furnish the following information correctly and completely. Read carefully and follow all directions. If you need more space, attach additional pages of the same size. Be sure to sign and date this form. The applicant must be a citizen of Bangladesh. 1. Full name (Block letters): 											
2. Organizational address (with contact no & email):											
3. Permanent address:											
4. (a) Date of birth:					(b) Place of birth:				c) Age on 08/6/2017:		
5. Marital status:				Single Married			Others				
6. Language	Excellent	READ	Excellent		WRITE Good Fair		SPEAK		P.:		
D 1' 1	Excellent	Good	Fair	E	xcellent	Good	Fair	Excellent	Good	Fair	
English TOEFL/IELTS/GRE Score (Yes/No, if yes) with year:											
7. Academic Qualifications: (ple High School/ College/ Year University, Name & Place (start from the last)		Years	se attach copie attended To		Certificate/Degree obtain			ained			
		Year	Ye	ear	Year	Year Class /Division		GPA			
8. Employment Records Positions with Org. Place of postin				ng	ng Period				Remarks		
9. Profession	nal Qualifia	cation:									
9. Professional Qualification: (i) Training: (a) Foundation Training: Batch											
award (if any):											
11. Members	hip of profe	ssional soc	ieties (i	if any):	:						
12. Research	plan in brie	f (Attached	<u>):</u>								

13. List of scientific publications (please	attach publication's abstract only):					
14. Whether the applicant has been admitted to a PhD program (if):						
15. Previously received fellowships/ scholarships details, if any;						
16. State other relevant facts, if any;						
I certify that the statements made by me are true and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal or any offer of fellowship or cancellation.						
Date:	Candidate's Signature:					
	Head of the Organization Signature:					
	Name:					
	Date:					
	Seal					