

**BANGLADESH UNIVERSITY OF PROFESSIONALS (BUP)**

Mirpur Cantonment, Dhaka-1216, Bangladesh



PP size photo  
attested by  
Head of the  
Inst./Dept./1<sup>st</sup>Cl  
Gazetted Offr

**APPLICATION FOR TRANSCRIPT OF ACADEMIC RECORDS****(To be filled in English)**

|     |                                    |  |
|-----|------------------------------------|--|
| 1.  | Name of the Student (Block Letter) |  |
| 2.  | Father's Name (Block Letter)       |  |
| 3.  | Mother's Name (Block Letter)       |  |
| 4.  | Name of the Institution            |  |
| 5.  | Date of Birth                      |  |
| 6.  | Degree/Program Name                |  |
| 7.  | Duration of Degree/Program         |  |
| 8.  | Examination Roll No                |  |
| 9.  | Registration No with Session       |  |
| 10. | Year of Passing                    |  |
| 11. | Major Subject (If any)             |  |
| 12. | Contact Number                     |  |

Recommended By Dean/Head of Dept:

Signature &amp; Seal

Date:

Student's Signature

Date:

**APPLICATION PROCEDURE**

1. Applicant will fill up the form by himself/herself. Incomplete application will not be considered.
2. Application will be duly recommended by the Head of the Institute/Department/Dean.
3. One copy of recent PP size photograph, copy of SSC/Equivalent Certificate duly attested by the Head of the Institute/Department/Dean/1<sup>st</sup> Class Gazetted Officer with the application.
4. **Applicable for Affiliated Institutes:** Copy of Mark/Grade Certificates of the program duly attested by the Head of the Institute/Department/Dean/1<sup>st</sup> Class Gazetted Officer with the application.
5. For each Transcript, applicant will have to deposit Tk.500/-in favour of BUP General Fund (No-0028032000091), Trust Bank Ltd. Mirpur Branch, Dhaka.
6. Transcript will not be handed over to anyone other than the applicant/ authorized representative. In case of representative an authorization certificate signed by the student has to be deposited.

**AUTHORIZATION CERTIFICATE**

I, hereby authorizes (Name).....

Relation with Applicant..... (NID No).....

Cell No..... to collect my transcript as mentioned in the above application on behalf of me due to unavoidable circumstances. His/her signature is as below:

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Signature of Student

(Photocopy of NID of the recipient has to be attached)