



Application Form For Postgraduate Admission

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Passport Size

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How to Apply

Complete all session where indicated. Please use block/capitals when completing the form. Once you have completing this application form, please submit /attached it together with the following documents.

1. Degree Certificate/s
2. Degree Transcript/s
3. Application Fee Receipt Birr 200
 - For Bahir Dar Institute of Technology **Bahir Dar University Engineering Faculty** Commercial Bank of Ethiopia account Number **100013094563**
 - For College of Medicine **Bahir Dar University Tibebe Ghion Specialty Teaching Hospital** Commercial Bank of Ethiopia account Number **1000257812956**
 - For Ethiopian Institute of Textile and Fashion Technology **Bahir Dar University Textile and Fashion Technology** Commercial Bank of Ethiopia account Number **1000096185007**
 - And for others **Bahir Dar University** Commercial Bank of Ethiopia account Number **1000013099522**
4. Recommendation Letter/s
5. Sponsorship Letter if any
6. Any other relevant document/s

Program Applied for

1. Degree Program applied Doctor of Philosophy Master
2. Name of the PhD/Masters Program Apply for: _____
3. The Graduate Program Schedule: Regular
4. Faculty /College /School/Institute/ of the Program: _____
5. Do you have Sponsor: Yes No
 - If your answer is yes please specify the name of your sponsor organization:

Personal Data

_____ _____ _____
Applicant's Name Father's Name Grand Father's Name

Gender: Male Female

Data of birth in GC: ____/____/____ (dd/mm/yy)



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Nationality: _____

Current address: _____

Telephone: Office/House/ _____ Mobile _____

E-mail: _____

Educational Background

List chronologically all colleges previously attended beginning with the college most recently attended.

No	Name of Institution	Dates attended (Month/Year)		Degree(s) Earned	CGPA Earned
		From	To		

Academic Achievements

if you have publication/s please specify the title/s:

Work Experience

NO	Company	Dates Employed		Positions held (beginning with current)
		From	To	



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Declaration

I certify that all the above information given is true, complete and accurate to the best of my knowledge. In case any information given in this application proves to be false or incorrect or misleading, I shall be responsible for the consequences.

Date

Applicant's Signature

Notice:

- Before you apply for any field of study you should confirm that your background fits for the intended curriculum from concerned department.
- Official transcript shall be sent to the office of the registrar by P.O.Box 79, Bahir dar University.
- An applicant shall not seat for entrance examination unless otherwise his/her official transcript arrived.
- For all college of Medicine Applicants two years work experience is mandatory