



REGISTRATION
INTERNATIONAL NATURE
EDUCATION AND EXPERIENCE
(FOR VISITING STUDENT)

Attach one
recent
passport
photograph
of yourself.

Registration Form

**Please write clearly in Capital letters.*

SECTION A: PERSONAL

First Name: _____ Family Name (Last Name / Surname): _____

Date of Birth: _____ Sex: Male Female
(dd/mm/yyyy) Others

Passport Number: _____ Expiry Date: _____ Nationality: _____
(Photocopy of your current passport to be enclosed) (dd/mm/yyyy)

Address (For correspondence regarding this application) _____

Street: _____

City: _____ State: _____

Country: _____ Postcode: _____ Telephone: _____
(Countrycode+Number) Mobile

Phone: _____ Email: _____

B. Please provide details of your Home University education in the space below **(if relevant)**.

SECTION B: HOME

Name of Institution: _____

Address of Institution: _____

Degree for which you are currently registered: _____

Faculty/Department: _____

Year of study at the time of application: _____

Signature: Date:

Contact details and Submission

Submit the registration form to the Dean of Research and Industrial Linkage at dril.cnr@rub.edu.bt or Liaison Officer at sonamt.cnr@rub.edu.bt .

Phone: + 975 17768276

For official use only

Application number: Date received: