

**OFFICE OF THE REGISTRAR AND ALUMNI DIRECTORATE**  
**BAHIR DAR INSTITUTE OF TECHNOLOGY (BiT)**  
**BAHIR DAR UNIVERSITY**  
**STUDENT'S ADMISSION APPLICATION FORM**

3x4 Size  
Photo

**Instruction:**

This form, when completed and accompanied by all necessary educational documents, must be returned to the Registrar's Office on or before the registration deadline announced by the University Registrar's Office. Please ensure that all blank spaces are filled out accurately, as incomplete information may affect the services you receive from the university.

**General:**

**Program:** PhD ☐ MSc ☐ BSc ☐

**Admission Classification:** Regular ☐ Extension ☐ Summer ☐ Weekend ☐ Distance ☐

**Department/Stream:** \_\_\_\_\_

**Name of School/Faculty/College/Institute:** \_\_\_\_\_

**Student's Identity Card Number (ID No):** \_\_\_\_\_

**1. PERSONAL INFORMATION**

**Basic Information:**

Name in English:

_____ First Name	_____ Father's Name	_____ G/Father's Name	_____ Sex
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Name in Amharic (for Ethiopian only):

_____ ስም	_____ የአባት ስም	_____ የአያት ስም	_____ ፆታ
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**Date of Birth:**

Ethiopian Calendar: (EC.): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

Gregorian Calendar: (GC.): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

**Nationality:** Ethiopian ☐ Other Specify \_\_\_\_\_

**Marital Status:** Single ☐ Married ☐ Divorced ☐ Widowed ☐

**Applicant's Contacts:** Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Family Information:

<hr/>		<hr/>	
Mother's First Name:		Mother's Last Name	
Mather's occupation/job:	<input type="checkbox"/> Farmer	<input type="checkbox"/> Engineer	
	<input type="checkbox"/> Merchant	<input type="checkbox"/> Medical Doctor	
	<input type="checkbox"/> Teacher	<input type="checkbox"/> Nurse	
	Other, specify <hr/>		
Father's occupation/job:	<input type="checkbox"/> Farmer	<input type="checkbox"/> Engineer	
	<input type="checkbox"/> Merchant	<input type="checkbox"/> Medical Doctor	
	<input type="checkbox"/> Teacher	<input type="checkbox"/> Nurse	
	Other, specify <hr/>		

## Student's Birth Place Information:

<hr/>	<hr/>	<hr/>	<hr/>
Region	Zone/ Kifle Ketema/	Woreda	Town

**Student's Handicap Information:** Are you Handicap? Yes ☐ No ☐

If your answer is yes select or mention below

- |   |  |
|---|--|
| <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Brain Disability    |
| <input type="checkbox"/> Vision Disability  | <input type="checkbox"/> Physical Disability |
- Other, specify 

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## Contact Person in case of emergency:

### A. Primary Contact:

\_\_\_\_\_  
Contact First Name

\_\_\_\_\_  
Contact Father's Name

\_\_\_\_\_  
Contact G/Father's Name

#### Contact Address Information:

Region: \_\_\_\_\_

House Phone No: \_\_\_\_\_

Zone: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Woreda: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Town: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Kebele: \_\_\_\_\_

House No: \_\_\_\_\_

#### Relationship to Applicant:

☐ Mother

☐ Step-Mother

☐ Uncle

☐ Father

☐ Sister

☐ Aunt

☐ Step-Father

☐ Brother

Other, \_\_\_\_\_

### B. Secondary Contact:

\_\_\_\_\_  
Contact First Name

\_\_\_\_\_  
Contact Father's Name

\_\_\_\_\_  
Contact G/Father's Name

#### Contact Address Information:

Region: \_\_\_\_\_

House Phone No: \_\_\_\_\_

Zone: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Woreda: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Town: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Kebele: \_\_\_\_\_

House No: \_\_\_\_\_

#### Relationship to Applicant:

☐ Mother

☐ Step-Father ☐ Step-Mother

☐ Uncle

☐ Aunt

☐ Father

☐ Sister

☐ Brother

Other, \_\_\_\_\_

## 2. EDUCATIONAL INFORMATION

a) Have you ever been enrolled in any post secondary education? (Diploma, Degree, MA. MSc. Program)

Yes ☐

No ☐

b) If your answer is yes, give the details in number 2.1 and attach the necessary documents.

c) If your answer is No, give the details for 2.2.

### 2.1. Post-Secondary Education

Name of last two institutions attended	Country	Years attended/E.C		Years attended/G.C		CGPA earned	Max. CGPA expected	Degree Award
		From	To	From	To			

### 2.2 Secondary School (s) attended (List last three Schools), start from recent

Grade level	Completed Year (E.C)	School Name	Category	Region	Zone	Woreda	Town
12 <sup>th</sup>			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				
11 <sup>th</sup>			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				
10 <sup>th</sup>			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				

### STATEMENT BY THE APPLICANT

I hereby certify the all information given in this form is complete, correct and accurate. I fully realize that the University is entitled to take any measure on me including dismissal if the information given by me here is found incorrect or misleading at any time. I further undertake to observe all the rules and regulations of the University and refrain from any activity which may be contrary to the interest of the Ethiopian peoples.

I shall also take full responsibility for reading regulation of the University Student Hand book Deposited at the University Library and that of my department.

Signature of the applicant: \_\_\_\_\_ Date of Application (E.C): \_\_\_\_\_ (G.C): \_\_\_\_\_

### For office use only:

Name of the recorder verifying the application form

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_