



INSTITUTE OF DISASTER MANAGEMENT (IDM)
KHULNA UNIVERSITY OF ENGINEERING & TECHNOLOGY
KHULNA-9203, BANGLADESH

TO BE FILLED IN BY CANDIDATE IN EMPLOYMENT

Name of Employer:

Address:

.....

A STATEMENT FROM THE EMPLOYER/HEAD OF THE OFFICE

Mr./Miss/Mrs....., an applicant for admission M. Sc. Eng. (DM) / M.Sc. (DM) / M. (DM) / Ph. D Program in the Institute of Disaster Management of Khulna University of Engineering & Technology is employed in my office. I have no objection to his/her enrolment as full-time/part-time student. If selected for admission, he will/will not be on deputation while pursuing the course.

Date

Signature of the Employer/Head of the Office

FOR OFFICE USE ONLY

Session:

Roll No:

Recommended/Not Recommended for admission as a **part-time/full-time** student.

Director

May be/May not be offered financial assistance in the form of Teaching/Research fellowship at the rate of Tk. per month for a period of month commencing from

Director