

Jhalakathi Technical Training Center

Bikna, Jhalakathi

Email: ttcjhalokathi@gmail.com



SEIP Trainee Admission Form

Course Applied : _____

I. Basic Information

Name : _____

Gender : Male Female

National ID Number : _____
(Copy of NID to be attached)

Birth Registration Certificate Number: _____
(If NID is not available then birth registration certificate to be attached)

Date of Birth (YYYY/MM/DD) : _____

Present Address : _____

Permanent Address : _____

Home District : _____

II. Personal Information

Mobile No: _____

Alternate Mobile No : _____

E-mail : (If available) _____

Bank Name : _____

Bank Account No : _____

Religion : _____ Ethnic Group : _____

Education Level: _____ Highest Class Completed : _____ Year : _____

Are You Currently Employed? Yes No Year of Experience: _____

Personal Monthly Income (BDT) : _____

Are you physically challenged? Yes No

(* if 'Yes') Seeing Movement Hearing Speech others: _____

III. Family Information

Mother's Name : _____

Mother's Education Level : _____

Mother's Occupation : _____

Father's Name : _____

Father's Education Level : _____

Father's Occupation : _____

Family Annual Income : _____

Does your family own home? : Yes No

Does your family own land? : Yes No

Number of brothers and sisters : _____

IV. Declaration:

- 1) I certify that I correctly provide my information and qualifications in the student admission form.
- 2) I express my willingness to render my services to the related industrial sector after completion of the training program.

Signature of Trainee

Date