# Bangladesh Institute of Governance and Management

(Affiliated to the University of Dhaka)

**BIGM-SEIP**

Supported By: Finance Division, Ministry of Finance, GoB

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Phone: +88-02-223374040-44; Ext. 127, 130

Visiting Card

(if any)

Passport Size Photo

## SEIP Trainee Registration Form

**Applied for the Course:** **Policy Analysis / Strategic Management**

**Did you enroll in Policy Analysis Course / Strategic Management Course at BIGM?**

□ No □ Yes [if Yes, mention the Course Name and Batch]

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**Did you enroll in any other training course (Short/Long) under SEIP at any other institution?**

□ No □ Yes [if Yes, mention the Course Name, Institution and Year]

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**1. Basic Information**

**Name** (Capital Letter, as per NID) : ……

**Gender** : □ Male □ Female

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

**Date of Birth (DD/MM/YYYY)** : ……

**Present Address** (Mailing) : ……

…… Post Code: ……

**Permanent Address** (Details) : ……

…… Post Code: ……

**Mobile No** : ……

**Email** (Gmail ID preferable) : ……

**2. Personal Information**

**Religion**: …… **Ethnic Group**: ……

**Mother's Name** : ……

**Mother's Occupation** : ……

**Father's Name** : ……

**Father's Occupation & Address** (if any) : ……

**Father/Mother/Spouse/Nearest Family Member's Mobile Number** : ……

**Has your family own home?** : □ Yes □ No

**Number of Siblings** (with self) : Brothers …… Sisters ……

**3. Academic & Professional Information**

**Education Level** (Degree, Subject, University, and Year)
(N.B: From Bachelor to top most degree. Please mention if you achieved more than one Master degree.)

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**Mention your Designation, Cadre Name and BCS Batch** (For BCS Cadre participants)

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**The Name and Address of the Current Workplace**

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**Current Designation**: …… **Total Year of Experience**: ……

**Monthly Income (Gross)**: BDT……. **Annual Income (Gross)**: BDT…….

**4. Health Information**

**Are you vaccinated for COVID-19?** : □ Yes □ No **How many doses?** : ……

**Are you physically challenged?** : □ Yes □ No

(*if Yes) □ Seeing □ Movement □ Hearing □ Speech □ Others: ……

**Are you suffering from any critical disease currently?**

□ No □ Yes [if Yes, mention the disease name]

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**5. Declaration**

*(1) I certify that provided information is correct in this admission form.*

*(2) I express my willingness to render my services to the related sector after completion of the course.*

*(3) I didn't enroll for any course under the **SEIP** at any other institution before applying here.*

Signature of Trainee

Date: ……

**Signature of the Authority**
**BIGM-SEIP**