

**Name of the Association**  
**Name & Address of the Training Center:**  
**Jhenidah Govt. Technical School & College**  
**Telephone Number: 02-477746068**  
**Email: jhenidah.tsc@gmail.com**  
**Web Address: www.jhenidahtsc.com**  
**SEIP Trainee Admission Form**

**Course Applied** : \_\_\_\_\_

**I. Basic Information**

**Name** : \_\_\_\_\_

**Gender** :  Male  Female

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

**BirthRegistrationCertificateNumber:** \_\_\_\_\_

(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