



Government of the People's Republic of Bangladesh

Jatio Protibondhi Unnayan Foundation (JPUF)

Ministry of social Welfare

Registration Form

Photo

Protibondhi Sheba O Sahajjo Kendro for : Atrai, Naogaon

| | | | | | | | | | | |
|--|---|------------------------------|---|----------------------------|-----------------|-----------------------------|-------------------------------|---|------------------------------|--------------|
| Centre Reg/Pin No : | | Date of Birth : | | Date : | | | | | | |
| Client's name : | | Age : | | Sex : M / F | | | | | | |
| Fathers/Hasbands/ Guardian name : | | | | | | | | | | |
| Mother's name : | | | | | | | | | | |
| Client's NID/ Date of Birth Certificate No: | | | | | | | | | | |
| Contract details : | House No : | | | | | | | | | |
| | Thana/Up | | | | | | | | | |
| | Ward | | | | | | | | | |
| | Village | | | | | | | | | |
| | Phone/Mob | | | | | | | | | |
| Educational Qualification Please put ✓ Marks | Illiterate | Can sign | Can read | Primary | Secondary | Higher Secondary | Graduate | Post Graduate | Other | |
| Profession/Occupation Please put ✓ Marks | Govt. Job | Private job | Busines | Agriculture | Student | manual Laborer | Child | Other | | |
| Number of Family member | | | Number of Earning Members in the Family | | | | | | | |
| Type of House living in Please put ✓ Marks | Tin Shed | Built of Brick | | Built of Mud | | Built of Hay | | Any Other type (please Specify) | | |
| Monthly income of Family Please put ✓ Marks | Below Taka 3000 | Between Taka 3000-5000 | | Between Taka 5000-10000 | | Between Taka 10000-20000 | | Above Taka 20000 | | |
| Reason for Visiting the Centre/Main problem | | | | | | | | | | |
| If person with Disability(PWD) please Specify type of disability Please put ✓ Marks | Physical | Speech | Hearing | Visual | Intellectual | Multiple | Cerebral palsy(CP) | Mental Illness | Any other (pleasespecity) | |
| Whether Register as PWD with the Department of social services(DSS) | Yes/No (if yes, please fill the next two columns) | | Registration No : | | Date of issue | | | | | |
| Referred by : Please put ✓ Marks | Doctor | Hospital/ Nursing Home | Community Health Centre | Voluntary Organization | Old Patients | Community Members | Mobile Outreach Service | Information Campaign | Dis. Office of DSS | Any Other |
| Client's Expectation from the centre/services Sought : | | | | | | | | | | |
| (Signature of Official Filling this form) | | | | | | | | (Signature/thumbprint of Client/guardian) | | |