



Bureau of Manpower Employment & Training

Sherpur Sadar Technical Training Centre

Kanashakhola, Sherpur Sadar, Sherpur.

Web : ttcsadar.sherpur.gov.bd

Photo

Trainee Admission Form

Project Name : Regular ASSET Desh Bedesh (Driving) Others

Course Applied for _____

1. Basic Information

Name :

নাম (বাংলায়) :

Father's Name :

পিতার নাম (বাংলায়) :

Mother's Name :

মাতার নাম (বাংলায়) :

Gender : Male Female E-mail :

National ID Number :

Birth Registration Certificate Number :

Date of Birth :

Day	Mon	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Age

Year	Mon	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Present Address : Vill: Post:

Upazila District Post Code

Permanent Address : Vill: Post:

Upazila District Post Code

Login Information

Username

Email

Contact Number

Emergency Contact No

Password

Confirm Password

2. Personal Information :

Mobile Number : Blood Group

Alternate Mobile Number :

Home District : _____

Bank Name : _____

Account Type _____ Branch Name : _____

Bank Account Number :

Religion : _____ Ethnic Gorup _____

Education Level : _____ Highest Class Completed _____ Year

Are You Currently Employed : Yes No

Your Experience _____ Personal Monthly Income (BDT) _____

Are You Physically Challenged? Yes No

If Yes Sseeing Movement Hearing Speech Others _____

3. Family Information

Mother's Education Level : _____

Mother's Occupation : _____

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 & Sisters : _____

TVET Certificate Yes No Ethnic Minority Yes No

Skill, Experiences, Past Employment & Income

Employment status before training

Amount of Monthly Income (BDT) - Cash

4. Declaration :

- a) I Certify that I Correctly Provide my information and qualification in the student admission form.
- b) I express my willingness to reader my services to the related industrial sector after completion of the training program.

Date :.....

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Signature of Trainee