

SEIP – PKSF Project (Tranche – 3)

Name of the Partner Organization: Hope Technical Institute
Address of the Training Center: 87, M.A Bari Road, Gollamari, Khulna
Telephone Number: 02477734219
Email: hti@cssbd.org
Web Address: hti.cssbd.org



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 : _____

Post code : _____

Permanent Address : _____

Post code : _____

Home District & Upazila : _____

Mobile No (Own NID): _____ Alternative Mobile No : _____

E-mail : *(If available)* : _____

Bank Name : _____

Bank Account No. : _____

II. Personal Information

Religion : _____ Ethnic Group: _____

Education Level: Highest Class Completed: _____ Year : _____

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

Personal's 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 : _____

Father's Occupation : _____

Family's Annual Income : _____

Marital status: Unmarried Married Widow Separated

(if Married)

Husband Name : _____

Husband's Education : _____

Husband's Occupation : _____

Mobile Number of Father/Brother/: _____

Sister/Friend

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