OFFICE USE ONLY

**TRAINING REGISTRATION FORM**

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| **Title of the Training Course:** **Date of the Course:** **Venue:** **Course No:**  | Please attach a copy of recent Passport size color photograph here |
| Note:1. Please answer each question clearly and completely. Use additional sheets, if necessary.
2. Only the Registrations recommended by the Supervisor/Head of the organization will be considered for final selection.
 |
| **APPLICANT’S PERSONAL INFORMATION:** |
| **First Name Middle Name Last Name** | **Sex** | **Marrital Status** |
|                   |       |       |
| **Date of Birth** | **Place of Birth** | **Nationality** |
|       |       |       |
| **Present Address:** | **Permanent Address:** |
| **House no:**       | **Road No:**       | **Vill:**      |
| **Block/Sector:** | **Area:**       | **Post:**      |
| **Thana:**        |  | **Upazilla:**      |
| **District:**       |  | **District:**      |
| **Tel. Number:**       | **Tel. Number:**       |
| **Mobile Number:**       | **Mobile Number:**       |
| **Email :** | **Email :** |
| **APPLICANT’S ORGANIZATION DETAILS:** |
| **Name of Organization:**       |
| **Position/Designation :**       |
| **Org. Address:**       |
| **Org. Tel No:**       | **Org. E-mail :** |
| **Brief Description of Org. Work:**      |
| **Previous Experiences and Expertise:*(****in chronological order starting with the most recent experience* |
| **YY:MM (from) --YY:MM( To)** | **Field(Brief of Works)** | **Designation and Organisation** |
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| **EDUCATIONAL QUALIFICATION(Latest First):** *Including Professional Degree (if any); add more row (if necessary) and lower level degree may be excluded if space doesn’t permit.* |
| **Level/Degree** | **Institution/ University** | **Major Area/Concentration** | **Passing Year** | **Class/Grade** |
|       |       |       |       |       |
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|       |       |       |       |       |
| **PROFESSIONAL ACHIEVEMENTS :** (Please describe in brief) |
|       |
| **RELEVANT TRAINING AND WORKSHOP PARTICIPATED** |
| **Title** | **Conducted by** | **Organized by** | **Venue** | **Duration**(from – to) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **AUDIT/ ASSESSMENT EXPERIENCE:** Where applicable please put the Number: |
| **Testing Lab** | **Calibration Lab** | **Medical Lab** | **Inspection****Body** | **Certification****Body** | **QMS** | **EMS** | **FSMS** | **HACCP** | **Others** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Membership in Technical Societies/Bodies related to Quality (if yes, please specify):**       |
| **Publications (if any, please mention title, journal name and volume no.):**      |
| **PRIMARY OBJECTIVES TO BE ACHIEVED BY THE PROPOSED TRAINING** |
| Outline the detailed programme of training/detailed subjects of interest within the desired field of study:      |
| **IF YOU LIKE TO ADD MORE** |
| Outline the roles foreseen by the supervisor upon the applicant’s return, and how the training will be of value to meeting the needs of the organization’s objectives:      |
| **RECOMMENDATION FROM SUPERVISOR/HEAD OF THE DIVISION OF THE ORGANIZATION** |
| **Applicant Sig:****Date**: | **Supervisor/Head Sig:****Date:****Mobile/Phone:****E-mail:** |