

# Bangladesh Institute of Governance and Management

(Affiliated to the University of Dhaka)

## BIGM-SICIP

Sponsored by: Finance Division, Ministry of Finance, GoB

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Sher-E-Bangla Nagar, Dhaka-1207.

Phone: 02-48113589 (Ext. 127), 48113589 (Ext. 130)

Visiting Card

(if any)

Passport Size  
Photo

### SICIP Trainee Registration Form

**Applied for the Course:** Policy Analysis / Strategic Management / Rise to Lead: Developing Future Leaders / Sustainable Future: Environmental Challenges and Climate Change

**Did you enroll in Policy Analysis / Strategic Management / Rise to Lead: Developing Future Leaders / Sustainable Future: Environmental Challenges and Climate Change Course at BIGM?**

No  Yes [if Yes, mention the Course Name and Batch]

**Did you enroll in any other training course under SEIP/SICIP at any other institution?**

No  Yes [if Yes, mention the Course Name, Duration, Institution and Year]

#### 1. Basic Information

**Name** (Capital Letter, as per NID) : .....

**Gender** :  Male  Female

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

**Date of Birth** (DD/MM/YYYY) : .....

**Present Address** (Mailing) : .....

..... Post Code: .....

**Permanent Address** (Details) : .....

..... Post Code: .....

**Mobile No** : .....

**Email** (Gmail ID preferable) : .....

#### 2. Personal Information

**Religion:** ..... **Ethnic Group:** .....

**Mother's Name** : .....

**Mother's Occupation** : .....

**Father's Name** : .....

**Father's Occupation & Address** (if any) : .....

**Emergency Contact Person's Name & Phone Number** : .....

**Does your family own a house?** :  Yes  No

**Number of Siblings** (with self) : Brothers ..... Sisters .....

**3. Academic and Professional Information**

**Education Level** (Degree, Subject, University, and Year)

(N.B: From Bachelor to top most degree. Please mention if you achieved more than one Master degree.)

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**Mention your Designation, Cadre Name and BCS Batch** (For BCS Cadre participants)

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**The Name and Address of the Current Workplace**

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**Current Designation:** ..... **Total Year of Experience:** .....

**Monthly Income (Gross):** BDT..... **Annual Income (Gross):** BDT.....

**4. Health Information**

**Are you vaccinated for COVID-19?** :  Yes  No **How many doses?** : .....

**Are you physically challenged?** :  Yes  No

(\*if Yes)  Seeing  Movement  Hearing  Speech  Others: .....

**Are you suffering from any critical disease currently?**

No  Yes [if Yes, mention the disease name]

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**5. Declaration**

(1) I certify that provided information is correct in this registration form.

(2) I express my willingness to render my services to the related sector after completion of the course.

(3) I did/didn't enroll for any course under the **SICIP/SEIP** at any other institution before applying here.

\_\_\_\_\_  
Signature of Trainee

Date: .....

\_\_\_\_\_  
**Signature of the Authority**  
**BIGM-SICIP**

