

# Bangladesh Institute of Governance and Management

(Affiliated to the University of Dhaka)

## BIGM-SEIP

Supported By: Finance Division, Ministry of Finance, GoB  
Office: 33 Syed Mahub Morshed Sharoni, Agargaon Administrative Area,  
Sher-E-Bangla Nagar, Dhaka  
Phone: 02-48113589 (Ext. 127), 48113589 (Ext. 130)

Visiting Card

(if any)

Passport Size  
Photo

### SEIP Trainee Registration Form

**Applied for the Course: Policy Analysis / Strategic Management**

**Did you enroll in Policy Analysis Course / Strategic Management Course at BIGM?**

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

**Did you enroll in any other training course (Short/Long) under SEIP at any other institution?**

No  Yes [if Yes, mention the Course Name, 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)** : .....

**Father/Mother/Spouse/Nearest Family Member's Mobile Number** : .....

**Has your family own home?** :  Yes  No

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

**3. Academic & 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 didn't enroll for any course under the **SEIP** at any other institution before applying here.

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

Date: .....

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

