



পল্লী কর্ম-সহায়ক ফাউন্ডেশন(পিকেএসএফ)

[www.pksf-bd.org](http://www.pksf-bd.org)

Name of the Partner Organization: \_\_\_\_\_

Name &Address of the Training Center: \_\_\_\_\_

Photo  
(2 Copies)

### SEIP Trainee Admission Form

Course Applied : \_\_\_\_\_

#### I. Basic Information:

Name : \_\_\_\_\_

Gender :  Male  Female

National ID Number : \_\_\_\_\_  
(Copy of NID to be attached)

Birth Registration Certificate Number: \_\_\_\_\_  
(If NID is not available then birth registration certificate to be attached)

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

Present Address: \_\_\_\_\_

Village/Road/House No: \_\_\_\_\_ Upazilla \_\_\_\_\_

District: \_\_\_\_\_ Division: \_\_\_\_\_ Post Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Village/Road/House No: \_\_\_\_\_ Upazilla \_\_\_\_\_

District: \_\_\_\_\_ Division: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile No : \_\_\_\_\_

E-mail : (If available) : \_\_\_\_\_

#### II. Personal Information:

Religion: \_\_\_\_\_ Ethnic Group: Bengali

Education Level: \_\_\_\_\_ Highest Class Completed: \_\_\_\_\_ Year: \_\_\_\_\_

Are You Currently Employed?  Yes  No (\* if 'Yes) Year of Experience: \_\_\_\_\_

Family's Monthly Income (BDT): \_\_\_\_\_

Are you physically challenged?  Yes  No

(\* if 'Yes)  Seeing  Movement  Hearing  Speech others: \_\_\_\_\_



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### III. Family Information

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Mother's Name : \_\_\_\_\_

Mother's Education Level : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Father's Education : \_\_\_\_\_

Father's Annual Income : \_\_\_\_\_

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:

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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

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