



Please attach a
Photograph

ADMISSION FORM

Professional Certificate Course on Human Resource Management
Session:

1. Name of Applicant: _____
2. Designation : _____
3. Name & Address of Organization : _____

4. Last Academic Qualification (Enclose copy of certificate): _____
5. Permanent Address: _____
6. Present/ Mailing Address: _____
7. Nature of Business : _____
8. National ID/ Passport No. (enclose copy): _____
9. Tel: Office _____ Res. _____ Mobile _____
10. E-mail: _____
11. Attach Pay Order / DD: No. _____ date _____
or cash of Tk. _____ In words (_____)
in favour of “ **Dhaka Chamber of Commerce & Industry** ”.

Signature of Applicant

Seal & Signature of Nominating Authority

Date:

Date:

For official use only

Batch No.: _____ Roll: _____

Course Coordinator

Date:

Executive Director, DBI

Date:



The first ISO certified
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DCCI Business Institute (DBI), Dhaka Chamber Building (11th floor),
65-66 Motijheel C/A, Dhaka-1000. **Tel:** 02 9552562 (Hunting)
Ext.281/137/124 **Mob:** 01766018659; **E-mail:** dbi@dhakachamber.com,
Website: www.dcci-dbi.edu.bd

Source of Information:

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