Please

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#### REGISTRATION FORM – MLS-SCM(P) COURSES

Session: January-June 2019

1. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name & Address of Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DCCI Membership Certificate No.\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ (If applicable, enclose copy of certificate)

4. Last Academic Qualification (Enclose copy of certificate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Present/ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Nature of Business : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Type of Organization: (please√) □Large/ □Medium/ □Small □Public Corporation/□MNC/□NGO/□Others

9. Course Applied for (please √)□Certificate/ □Advanced Certificate/ □Diploma in MLS-SCM

10. National ID/ Passport No. (enclose copy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Tel: Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Res.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Attach Pay Order / DD: No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 or cash of Tk. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ In words (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 in favour of **“ Dhaka Chamber of Commerce & Industry ”**.

Signature of Applicant & Date Seal & Signature of Nominating Authority

**For official use only**

 Batch No.: \_\_\_\_\_\_\_\_\_ CRN: \_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Course Coordinator Executive Director, DBI

 Date: Date:

**Source of Information:**

**[Please tick √ ]**

* **Prothom Alo**
* **Daily Star**
* **Circular**
* **DO Letter**
* **E-mail**
* **Website**
* **Others**



**Venue & Contact:** DCCI Business Institute **(**DBI), Dhaka Chamber Building (11th floor), 65-66 Motijheel Commercial Area, Dhaka-1000, Bangladesh **Tel**: +88 02 9552562 (Hunting) Ext. 137 & 124, **Mobile:** 01766018659 & 01913745062,**E-mail:**dbi@dhakachamber.com,**Website**: [www.dcci-dbi.edu.bd](http://www.dcci-dbi.edu.bd)