

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 Mahbub 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 Admission 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 admission 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