**Registration Form**

**Training on " Change Management through ICT”** 20-24 November 2016

1. Name of the Participant

 a) Bengali:..................................................................................................

 b) English:..................................................................................................

2. ID No (if any)....................................................................................................

3. Designation: ........................................................................................ …………

4. Name of the Office:.........................................................................................

5. Telephone/ Mobile:.........................................................................................

6. Father's/ Husband's Name:.............................................................................

7. Mother's Name:................................................................................................

8. Date of Birth:.......................................Place......................................................

9. Permanent Address:...........................................................................................

10. Date of Joining:

 a) Service...................................................................................................

 b) Present Post.........................................................................................

11. Salary

 a) Scale:..................................................................... b) Basic.....................

12. Last Degree Obtained:.....................................................................................

13. Controlling Authority & Office.......................................................................

 (Signature of the Participant)
 Name.................................................

Date .................... Designation......................................