**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......................................