



## Youth Training Center Registration Form

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<b>Applicant Name *</b>	
<b>Mother's Name</b>	
<b>Father's Name</b>	
<b>Date of Birth *</b>	
<b>Birth Reg. No *</b>	
<b>NID *</b>	
<b>Gender *</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
<b>Present Address *</b>	
<b>Division</b>	
<b>District</b>	
<b>Upazilas / thanas</b>	<input type="checkbox"/> Teknaf <input type="checkbox"/> Ukhia <input type="checkbox"/> Ramu <input type="checkbox"/> Cox's Bazar sadar
<b>City Corporation / Municipality/Union /Cantonment Board</b>	
<b>Ward</b>	
<b>Village</b>	
<b>House / Road Number &amp; Name / Village</b>	
<b>Is the permanent address same as present address?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Permanent Address</b>	
<b>Division</b>	
<b>District</b>	
<b>Upazilas / thanas</b>	<input type="checkbox"/> Teknaf <input type="checkbox"/> Ukhia <input type="checkbox"/> Ramu <input type="checkbox"/> Cox's Bazar sadar
<b>City Corporation / Municipality/Union /Cantonment Board</b>	
<b>Ward</b>	
<b>Village</b>	

<b>House / Road Number &amp; Name / Village</b>																															
<b>Contact</b>																															
<b>Phone Number 01 *</b>																															
<b>Phone Number 02</b>																															
<b>e-mail address</b>																															
<b>Current Status of education and work</b>		<input type="checkbox"/> <b>Studying</b> <input type="checkbox"/> <b>Employed</b>																													
<b>Study level</b>		<table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td></tr> <tr><td><input type="checkbox"/></td><td>Ibtedayi-primary in madrasa curriculum</td></tr> <tr><td><input type="checkbox"/></td><td>Secondary</td></tr> <tr><td><input type="checkbox"/></td><td>Dakhil- secondary in madrasa curriculum</td></tr> <tr><td><input type="checkbox"/></td><td>Higher secondary</td></tr> <tr><td><input type="checkbox"/></td><td>Alim-higher secondary in madrasa curriculum</td></tr> <tr><td><input type="checkbox"/></td><td>Diploma</td></tr> <tr><td><input type="checkbox"/></td><td>Graduate</td></tr> <tr><td><input type="checkbox"/></td><td>Fazil- Graduate in madrasa curriculum</td></tr> <tr><td><input type="checkbox"/></td><td>Post graduate</td></tr> <tr><td><input type="checkbox"/></td><td>Kamil-post-graduate in madrasa curriculum</td></tr> <tr><td><input type="checkbox"/></td><td>Others</td></tr> </table>						<input type="checkbox"/>	Primary	<input type="checkbox"/>	Ibtedayi-primary in madrasa curriculum	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Dakhil- secondary in madrasa curriculum	<input type="checkbox"/>	Higher secondary	<input type="checkbox"/>	Alim-higher secondary in madrasa curriculum	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	Fazil- Graduate in madrasa curriculum	<input type="checkbox"/>	Post graduate	<input type="checkbox"/>	Kamil-post-graduate in madrasa curriculum	<input type="checkbox"/>	Others
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<b>Pass/Fail</b>		<input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b>																													
Education Level	Exam/Degree Title	Year Attended		Passing Year	Result	Marks(%) / Grade	Board/University/Institution																								
		From	To																												
<b>Current Occupation</b>																															
<b>Earnings</b>																															
<b>Any Previous work Experience</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																													
<b>Previous work</b>		<input type="checkbox"/> <b>Paid</b> <input type="checkbox"/> <b>Unpaid</b>																													
<b>Details of previous work experience</b>																															
<b>Voluntary work involvement (if any)</b>																															
<b>Name of Vocational Training Center *</b>																															
<b>Vocational Training Center Code*</b>																															

Training Center Address*	
Preferred Courses *	
Consent	
<input type="checkbox"/> I Hereby declare that all the statements in registration form are true and correct to the best of my knowledge and belief. I have apprised that I will be provided 1-6 month of training program, if elected and will be given an opportunity to work locally or outside the country.	

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**Application Date**

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**Applicant Signature**

\*\*\* NID/ Birth Registration ID any one of them is mandatory

