

**Skills for Employment Investment Program (SEIP)**  
Finance Division, Ministry of Finance, Government of Bangladesh  
&  
Bangladesh Women Chamber of Commerce and Industry (BWCCI)

**SEIP – BWCCI Project (Tranche – 3)**

Name of the Organization : **Bangladesh Women Chamber of Commerce and Industry (BWCCI)**  
**Address of the Training Centre:** Women Entrepreneurs Skills Development Centre (WESDC)  
Islampur, Shahpara, Basan, Gazipur Sadar Upazila, Gazipur  
**SEIP-BWCCI Office Address** : Plot-02 (2<sup>nd</sup> floor), Road-23/C, Ghulsan-1, Dhaka-1212  
**Contract Number** : +8802 222261526, +8801729098714  
**Email** : [seip.bwcci@gmail.com](mailto:seip.bwcci@gmail.com)  
**Web Address** : [www.bwcci-bd.org](http://www.bwcci-bd.org)

Photo  
(2 Copies)

**Trainee Admission Form for Residential Training Courses**

Name of the course (applied) :

**I. Basic Information**

**Applicant's Name** : \_\_\_\_\_

**Gender** :  Male  Female  Transgender

**National ID Number** : \_\_\_\_\_

*(Copy of NID to be attached)*

**Birth Registration Certificate Number:** \_\_\_\_\_

*(If NID is not available then birth registration certificate to be attached)*

**Date of Birth (YYYY/MM/DD)** : \_\_\_\_\_

**Detailed Present Address** : \_\_\_\_\_

**(with post code)**

**Detailed Permanent Address** : \_\_\_\_\_

**(with post code)**

**Home District with Upazila** : \_\_\_\_\_

**Mobile No (Register with own NID):** \_\_\_\_\_ **Alternative Mobile No :** -----

**E-mail : ( If available)** : \_\_\_\_\_

**Bank Name with Branch** : -----

**Bank Account No.** : -----

**II. Personal Information**

**Religion** : \_\_\_\_\_ **Ethnic Group:** \_\_\_\_\_

**Education Level:** \_\_\_\_\_ **Highest Class Completed:** \_\_\_\_\_ **Year** : \_\_\_\_\_

**Are You Currently Employed:?**  Yes  No **Years of Experience** : -----

**Personal Monthly Income** (If any):

**Are You Physically Challenged?**

Yes  No

(\* if 'Yes')  Seeing

Movement

Hearing

Speech

Others: \_\_\_\_\_

**III. Family Information**

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**Mother's Name** : \_\_\_\_\_

**Mother's Education** : \_\_\_\_\_

**Mother's Occupation** : \_\_\_\_\_

**Father's Name** : \_\_\_\_\_

**Father's Education** : \_\_\_\_\_

**Father's Occupation** : \_\_\_\_\_

**Family's Annual Income** : \_\_\_\_\_

**Marital status** :  Unmarried  Married  Widow  Separated

(if Married)

**Husband's Name** : \_\_\_\_\_

**Husband's Education** : \_\_\_\_\_

**Husband's Occupation** : \_\_\_\_\_

**Mobile Number of Father/Brother/:** \_\_\_\_\_

**Sister/Friend** (indicate the relationship)

**Does your family own home?** :  Yes  No

**Does your family own land ?** :  Yes  No

**Number of brothers and sisters :** \_\_\_\_\_

**IV. Declaration:**

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- 1) I certify that I have correctly provided my information and qualifications in the student admission form.
- 2) I express my commitment to establish a business or render my services to the related industrial sector after completion of the training program.
- 3) I declare that I will obey all the rules and regulations of BWCCI Training Center and SEIP-BWCCI Project.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- 1) I declare that I will assist the applicant to obey the rules and regulations of BWCCI Training Centre and SEIP-BWCCI Project.

\_\_\_\_\_  
Signature of the Legal Guardian

\_\_\_\_\_  
Date

(Father/ Mother/ Husband/Sister/ Brother)

**Note: This is a government free residential training course. Cost of food, accommodation, training materials etc is also free.**