



Batch No. _____

Date : _____

**REGISTRATION FORM FOR CERTIFICATE /
ADVANCED CERTIFICATE / DIPLOMA COURSE (MLS-SCM^(P)) - 2010**

1. Name of Applicant _____
2. Designation _____
3. Name of the Organisation _____
DCCI membership Sl. No. (if any) _____
4. Nature of business _____
5. Academic qualification (last) _____
6. Course applied for _____
7. Mailing Address _____
8. Telephone : Office _____ Res. _____
Mobile: _____ E-mail: _____
9. Enclosed DD/Pay Order (PO) No. _____
(DD/PO payable in favour of **Dhaka Chamber of Commerce & Industry**
of Taka _____
(in words) _____

Date : _____

Signature of applicant

Signature of Nominating Authority

For official use only

Date:

Coordinating Officer

Executive Director, DBI