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“Professional Business Management”

January 28, 2012 (10:00 a.m. – 05:30 p.m.)

Course Fee : Tk. 2,000/-

REGISTRATION FORM

Sl. No.-

Date:

1. Name of Participant _____
2. Name & Address of Organisation _____

- DCCI Membership No.(if any) _____
3. Designation _____
4. Nature of Business _____
5. Academic Qualification (attach last certificate) _____
6. Working Experience (in years) _____
7. Contact Address _____
8. Tel. No. Office _____ Res. _____ Mobile _____
Fax: _____ E-mail _____
9. Cash / Pay Order / DD No. _____ dt. _____
of TK. _____ (In words _____)
in favour of “ **Dhaka Chamber of Commerce & Industry** ” is enclosed.

Date : _____ Signature of Applicant Seal & Signature of Nominating Authority

For official use only

Date:

Course Coordinator

Executive Director