FOR THE FIRST TIME IN BANGLADESH – INSTITUTE OF BUSINESS ADMINISTRATION (IBA) INTRO DUCES

PEOPLE MANAGEMENT SKILLS FOR PROFESSIONALS (PMSP)

APPLICATION FORM FOR REGISTRATION

NAME (BLOCK LETTERS) .................................................................................................................................

FATHER’S/HUSBAND’S NAME ............................................................................................................................

EMAIL ADDRESS ............................................................................................................................................

MAILING ADDRESS ...........................................................................................................................................

CONTACT NUMBER ...................................... CELL PHONE NUMBER ..........................................................

EDUCATIONAL QUALIFICATION (LAST DEGREE ONLY WITH YEAR) ............................................................

ARE YOU CURRENTLY EMPLOYED? YES ........ NO ............

IF ‘YES’, PROVIDE THE PARTICULARS USING CURRENT ORGANIZATION’S INFORMATION/ OTHERWISE USE THAT OF YOUR LAST ORGANIZATION:

ORGANIZATION ..............................................................................................................................................

MANAGERIAL POSITION ..............................................................................................................................

TOTAL YEARS OF EXPERIENCE IN MANAGERIAL/EXECUTIVE POSITION .................................................

ARE YOU NOMINATED BY ANY ORGANIZATION? YES ........ NO ............

IF YES, NAME OF THE ORGANIZATION ...........................................................................................................

DECLARATION: I hereby declare that all the information stated above is given by me in a stable state of mind and is bona fide. I also agree to all the terms and conditions set by IBA.

IBA reserves the right to make necessary changes in the training program as IBA sees fit.

DATE .................................................. SIGNATURE OF APPLICANT ............................................................