



ABM Workshop Registration Form

Name:		
Date of birth:		
Gender (M/F):		
Cadre		
ID Number & Batch		
Designation:		
Office and Ministry/Division:	Office:	
	Ministry/Division:	
Present Job Description		
Mobile Number:	Personal:	
	Office:	
Email address:	Personal:	
	Office:	

Signature: _____

Date: _____