



Registration Form

Participant's Type

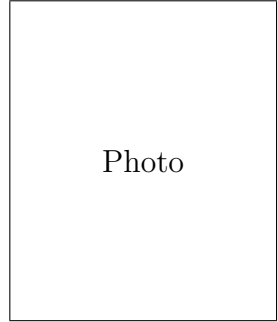
- Student
- Professional

Batch Information

(To be filled by office)

| Year | Month | Batch |
|------|-------|-------|
| | | |

Photo



Basic Information

Name (in block letters) :

Mother's Name :

Father's Name :

Date of Birth :

Mailing Address :

Email Address (in block letters) :

Contact No. :

Academic Background

Highest Academic Degree Achieved :
 (with subject and institution)

Computer Knowledge :

During Bachelor and/or Master's Degree

Studied Any Mathematics Course? :

Studied Any Statistics Course? :

Reasons for Joining the Program :

Signature of Coordinator

Signature of Participant