



HATTOGRAM INSTITUTE OF HEALTH & TECHNOLOGY (CIHT)

(NSDA Affiliated)

House # 438, Village: Uzirpur, Patiya, Chattogram

Mobile: **+8801716475212**, Email: ciht.ctg@gmail.com

Website: <https://cihtedu.com>

Admission Form

Personal Information:

1. Full Name:
2. Father's Name:
3. Mother's Name:
4. Date of Birth:
5. Gender: Male Female Other
6. Religion: 7. Blood Group: 8. Nationality:
9. National ID / Birth Certificate No.:

Contact Information:

10. Present Address:
11. Permanent Address:
12. Mobile Number:
13. Email (optional):

Educational Background:

14. Highest Educational Qualification:

- Secondary Higher Secondary Bachelor's Degree Master Degree Other:

Training Information:

- General Caregiving, L-2, Caregiving for Elderly Persons, L-3, Dementia Caregiving, L-3
- Caregiving for Infants, Toddlers & Children, L-3, Caregiving for Persons with Special Needs, Level – 3
- Primary Healthcare Services, L-2, House Keeping, Level-2

Preferred Training Schedule:

- Morning Afternoon Evening

Emergency Contact Information:

Name:

Relationship:

Mobile Number:

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false information may result in cancellation of my admission.

Applicant's Signature:

Date:

Terms & Conditions

1. Must be present in class 100% of the time.
2. The certificate of the highest educational qualification must be submitted.
3. Must follow the rules and regulations of the State and the Institute.

Office Use Only

Project Name:

Batch No:

St. ID:

-----is recommended for admission to the -----

course in the **Morning /Afternoon / Evening** shift.

Office executive's Signature

Trainer's Signature

Approved by

Principal

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