

ASSOCIATION OF TRAVEL AGENTS OF BANGLADESH

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Photograph
2 Copies

ADMISSION FORM

Name: _____

Father's Name : _____

Mother's Name : _____

Date of Birth : ____/____/____ Nationality: _____

Gender : Male Female

Religion : _____ Occupation: _____

Last Academic Qualification: _____

Present / Mailing Address: _____

Contact No : Mobile _____ Email: _____

Courses Name : Diploma in Travel & Tourism Certification Course on Reservation

IATA BSP Link Operation

Source of Information (Please Tick):

News Paper Website Email Friends Others

I hereby agree to abide by the rules and regulations of ATAB Tourism & Training Institute. I also agree that the admission fee cannot be cancelled and fees are non-refundable and will pay dues in given time to avoid discontinuation of classes.

Signature of the Student

For Official Use

Date of Admission: ____/____/____ Batch: _____ MR No: _____

Amount of TK: _____

Accounts Officer: _____ Admission Officer: _____