

**ATAB Tourism Training Institute (ATTI)**

Sattara Center (15<sup>th</sup> Floor), 30/A, Naya Paltan,  
VIP Road, Dhaka-1000. Tel: 02 58314284  
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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: \_\_\_\_\_

Whatsapp(Student): \_\_\_\_\_ Email: \_\_\_\_\_

Local Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ NID No. \_\_\_\_\_

Courses : Certificate Course on Ticketing & Reservation

: Certificate Course on Ticketing & Reservation through GDS

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: \_\_\_\_\_