



**APPLICATION FORM**  
**Certificate Course on Climate Change and Public Health**  
**June-August 2024 (2<sup>nd</sup> Cohort)**

*Jointly Organized By:*  
**Dept. of Disaster Science and Climate Resilience (DSCR), University of Dhaka.**  
*and*  
**Climate Change and Health Promotion Unit (CCHPU), HSD, MoHFW**

Photo

Serial No.....

**Instructions:**

Applicants should submit a duly filled-in application form including all the required documents. Applicants are responsible for ensuring that the supporting documents are duly verified. Incomplete application or application containing untrue specifics will render the application invalid. A non-refundable application processing fee of Taka **2,500 (Two Thousand Five Hundred)** is required for processing the application. The application fee will be pay order/deposited to the following bank account. **Account Name: DSCR Certificate Course on CCPH, Account Number: 0200021067136, Bank Name: Agrani Bank, Dhaka University Branch (CURZON Hall).**

**Part-1: Personal Information**

1. Name of the Applicants: (In English, BLOCK LETTERS) \_\_\_\_\_  
Name of the Applicants: (In Bengali) \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. NID Number: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Mobile Number: \_\_\_\_\_
8. Gender: Male  Female
9. Marital Status: Married  Unmarried
10. Religion: \_\_\_\_\_
11. Nationality: \_\_\_\_\_
12. Blood Group: \_\_\_\_\_
13. Whether a person with disability? Yes  No  Details (If Applicable) \_\_\_\_\_

**Part-2: Occupational Information**

13. Occupation: \_\_\_\_\_
14. Designation: \_\_\_\_\_
15. Institution or Organization: \_\_\_\_\_
16. Phone (Office): \_\_\_\_\_
17. Mobile: \_\_\_\_\_

### Part-3: Address

#### Present Address

Village/House/Flat/Road :  
Post Office :  
Post Code :  
Upazila :  
District :  
Division :

#### Permanent Address

Village/House/Flat/Road :  
Post Office :  
Post Code :  
Upazila :  
District :  
Division :

### Part-4: Academic Qualifications

Provide names of all universities and other institutions you have attended, listing the most recent institution first. Submit attested copies of academic certificate of each degree program.

Degree	Group/Subject	Board/University	Class/ Grade / Division	Program Duration	Passing Year

### Part-5: Professional Qualifications/Training (If any)

Please list of Professional Qualification/Training Received in **Bangladesh**

Name of the Qualification/Training	Name of the Institution	Duration of the Course (months/ weeks/days)

Please list of Professional Qualification/Training Received from **Abroad**

Name of the Qualification/Training	Name of the Institution	Duration of the Course (months/ weeks/days)

## Part-6: Work Experiences

Account for all the time since you began work after graduation. Please provide employment details in chronological order, listing the most recent/current employment first.

Institution or Organizations	Position/Nature of Work (Title/City/Country)	From Month/Year to Month/Year	Duration

## Please List Scholarships, Prizes, Honors, Awards and Other Recognitions, (If Any)

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## Please List Membership in Honor Societies and Professional Associations, (If Any)

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## Part-7: Please Read the Following and Sign

I understand that withholding pertinent information requested in this application from or giving false information will make me ineligible for admission to the Certificate Course on Climate Change and Public Health in the Dept. of Disaster Science and Climate Resilience (DSCR), University of Dhaka and/or face immediate dismissal from the University. To the best of my knowledge, I certify that the information contained in this application is true, complete, and accurate.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Seal of the Applicant

## Part-8: Authorization (Mandatory)

(To be provided by the authorized official of the nominating Ministry/ Division/Institution/Organization)

Application of Mr./ Ms. ....for Certificate Course on Climate Change and Public Health is hereby forwarded with recommendation for nomination, and he/ she will be allowed to attend the course (for 13 weeks) if nominated finally.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Seal of the Nominating/ Controlling Officer



## ACKNOWLEDGEMENT

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1. Name of the Applicant (BLOCK LETTERS): \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Permanent Address: \_\_\_\_\_
5. Mobile Number: \_\_\_\_\_
6. Signature of the Applicant:

Official Seal

Prof. Dr. Md. Zillur Rahman  
Chairman  
Dept. of Disaster Science and Climate Resilience (DSCR)  
University of Dhaka