ENROLMENT FORM

EVENT INFORMATION	
TITLE	**Criminal Intelligence Analysis Training**
DATE	**2-13 March 2020**
VENUE	**Dhaka, Bangladesh**

Please fill out the form electronically as possible. All the fields are compulsory

COUNTRY:	
PARTICIPANT'S DETAIL	
FIRST NAME	A.S.M JAHIR
MIDDLE NAME	UDDIN
LAST NAME	AKON
Name in local script (Name, middle name, last name)	NA
Sex	Male √☐ Female ☐
Date of Birth (DD/MM/YY)	01/09/1971
Country of Birth	BANGLADESH
City/Village	ISLAMPUR, BABUGONJ,
State/Province	BARISHAL
ID DOCUMENTS	
Passport Number	OC9240429
National ID number	1595708686913
EMPLOYMENT INFORMATION	
Agency type	Law Enforcement √☐ Other ☐
Complete Name of the Agency	GOVERNMENT
Ministry	ENVIRONMENT , FOREST AND CLIMATE CHANGE
Department	FOREST
Division	WILDLIFE CRIME CONTROL UNIT
Sub-division/Unit	WILDLIFE CRIME CONTROL UNIT
Duty Station Address	ALL AROUND IN BANGLADESH
Official Position/Title, Rank	DIRECTOR
Are you authorized to carry a gun?	Yes ☐ No √☐
Are you authorized to arrest?	Yes ☐ No √☐
CONTACT DETAILS	
Telephone number (work)	+8802-55007319
Mobile number	+8801999-000095
Email	jahirakon70@gmail.com
Skype ID (if applicable)	NA

LANGUAGE	
Languagesspoken	BENGALI AND ENGLISH

TRAVEL DETAILS	
Copy of Passport Attached?	Yes √☐ No ☐
Departure City	BANGLADESH
Departure and Return Dates	N/A
Special Food Requirements, if any	N/A

DISCLAIMERS	
• Group pictures or individual pictures taken during the event may be published in the INTERPOL media platforms such as news or social media as well as reports and presentations. Do you consent that your picture can be used in those materials?	Yes √☐ No ☐

- In line with the INTERPOL Policy on Mission and Travel, when transport, accommodation and meal costs are paid for directly by the organization, no additional subsistence allowance will be paid
- Participants will be responsible for covering costs for any additional days requested outside the duration of the event

APPENDIX 4 TO THE STAFF INSTRUCTION NO 2014.09 (Staff instruction disposition: 12.2)

Subject: Insurance disclaimer for external participants

The Organization reminds external participants that it is their responsibility to obtain any necessary visas, to take out adequate travel insurance, and to follow the health and safety recommendations for the country of destination.

The Organization cannot be held liable for any damages or injuries participants may sustain themselves or cause to others during their |round-trip journey and during their stay in the country where the activity is being held (except specific cases of events and conferences).

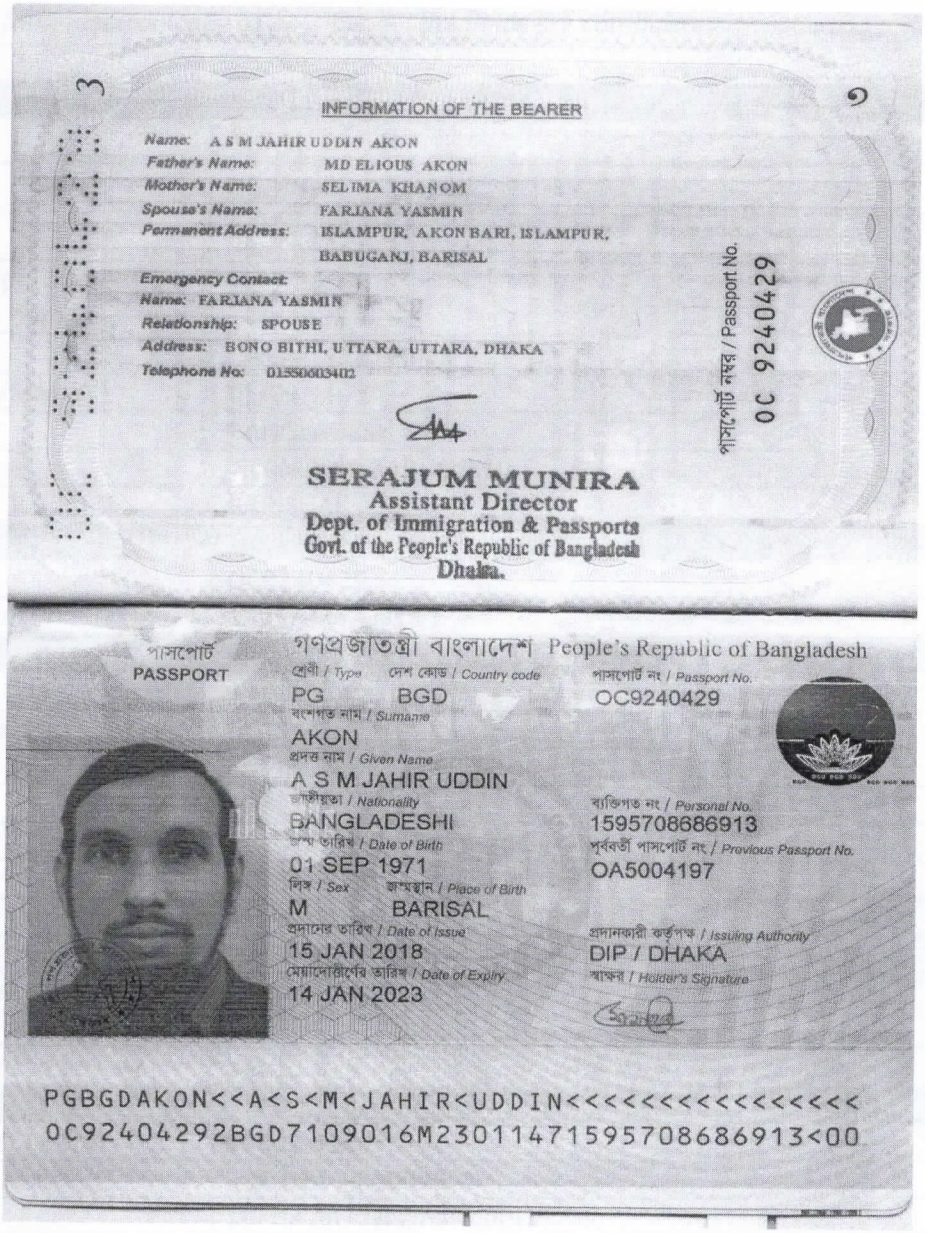
The Organization shall not cover the participant's travel and accommodation costs if the aforementioned conditions are not met.

Date: 29/01/2020

(এ. এস. এম জহির উদ্দিন আকন)
পরিচালক
বন্যপ্রাণী অপরাধ দমন ইউনিট
বন ভবন, আগারগাঁও, ঢাকা।

Signature of the external participant:

Please email the filled out and signed form along with a copy of your passport to INTERPOL Environmental Security at environmentalcrime@interpol.int



INFORMATION OF THE BEARER

Name: A S M JAHIR UDDIN AKON
Father's Name: MD ELIOUS AKON
Mother's Name: SELIMA KHANOM
Spouse's Name: FARJANA YASMIN
Permanent Address: ISLAMPUR, AKON BARI, ISLAMPUR, BABUGANJ, BARISAL

Emergency Contact:
Name: FARJANA YASMIN
Relationship: SPOUSE
Address: BONO BITHI, U TTARA, UTTARA, DHAKA
Telephone No: 01550603402

Passport No. OC 9240429

SERAJUM MUNIRA
Assistant Director
Dept. of Immigration & Passports
Govt. of the People's Republic of Bangladesh
Dhaka.

পাসপোর্ট
PASSPORT

গণপ্রজাতন্ত্রী বাংলাদেশ People's Republic of Bangladesh

শ্রেণী / Type	দেশ কোড / Country code	পাসপোর্ট নং / Passport No.
PG	BGD	OC9240429

বংশগত নাম / Surname
AKON

প্রদত্ত নাম / Given Name
A S M JAHIR UDDIN

জাতীয়তা / Nationality	ব্যক্তিগত নং / Personal No.
BANGLADESHI	1595708686913
জন্ম তারিখ / Date of Birth	পূর্ববর্তী পাসপোর্ট নং / Previous Passport No.
01 SEP 1971	OA5004197
লিঙ্গ / Sex / জন্মস্থান / Place of Birth	
M BARISAL	
প্রদানের তারিখ / Date of Issue	প্রদানকারী কর্তৃপক্ষ / Issuing Authority
15 JAN 2018	DIP / DHAKA
মেয়াদোত্তীর্ণের তারিখ / Date of Expiry	স্বাক্ষর / Holder's Signature
14 JAN 2023	

PGBGDAKON<<A<S<M<JAHIR<UDDIN<<<<<<<<<<<<<<<<
OC92404292BGD7109016M2301147159570868691 3<00