INTERPOL

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	SHAHNEWAJ
MIDDLE NAME	
LAST NAME	**RAJU**
Name in local script (Name, middle name, last name)	SHAHNEWAJ
Sex	Male ☒ Female ☐
Date of Birth (DD/MM/YY)	**01/01/1985**
Country of Birth	BANGLADESH
City/Village	Narail
State/Province	
ID DOCUMENTS	
Passport Number	**OC8261722**
National ID number	19858194027315806
EMPLOYMENT INFORMATION	
Agency type	Law Enforcement ☒ Other ☐
Complete Name of the Agency	Bangladesh Police
Ministry	**Home**
Department	
Division	
Sub-division/Unit	**LIC**
Duty Station Address	**Police Headquarters**
Official Position/Title, Rank	**Additional SP**
Are you authorized to carry a gun?	Yes ☒ No ☐
Are you authorized to arrest?	Yes ☒ No ☐
CONTACT DETAILS	
Telephone number (work)	**+8801713374675**
Mobile number	**+8801711048924**
Email	**raju03cse@gmail.com**
Skype ID (if applicable)	

LANGUAGE

Languages spoken	**English**
TRAVEL DETAILS	
Copy of Passport Attached?	NA Yes ☒ No ☐
Departure City	**NA**
Departure and Return Dates	**NA**
Special Food Requirements, if any	**Halal food**
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:

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

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INFORMATION OF THE BEARER

Name: SHAHNEWAJ RAJU
Father's Name: MOHAMMAD BAZLAR RAHMAN
Mother's Name: MOMINA KHANOM
Spouse's Name: SONIA
Permanent Address: VOHAKHALI, RATANGANJ, NARAIL SADAR, NARAIL

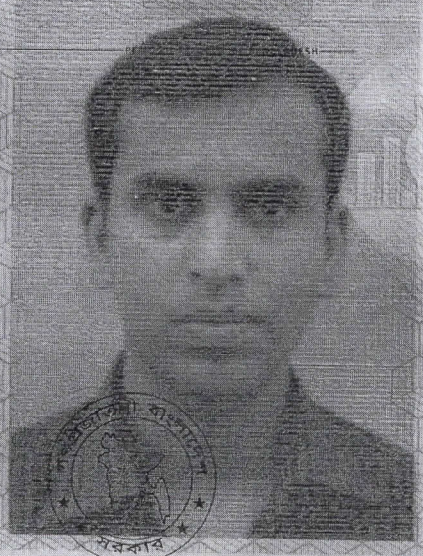
Emergency Contact:
Name: MOHAMMAD BAZLAR RAHMAN
Relationship: FATHER
Address: VOHAKHALI, RATANGANJ, NARAIL SADAR, NARAIL
Telephone No: 01712911850

পাসপোর্ট নম্বর / Passport No.
OC 8261722

Rashedul Islam
Assistant Director
Passport Office, Bangladesh Secretariat
Department of Immigration and Passports, Dhaka

পাসপোর্ট
PASSPORT

গণপ্রজাতন্ত্রী বাংলাদেশ People's Republic of Bangladesh



শ্রেণী / Type: PG
দেশ কোড / Country code: BGD
পাসপোর্ট নং / Passport No.: OC8261722

বংশগত নাম / Surname
RAJU

প্রদত্ত নাম / Given Name
SHAHNEWAJ

জাতীয়তা / Nationality
BANGLADESHI

ব্যক্তিগত নং / Personal No.
19858194027315806

জন্ম তারিখ / Date of Birth
01 JAN 1985

পূর্ববর্তী পাসপোর্ট নং / Previous Passport No.
OC1090352

লিঙ্গ / Sex: M
জন্মস্থান / Place of Birth: NARAIL

প্রদানের তারিখ / Date of Issue
14 OCT 2018

প্রদানকারী কর্তৃপক্ষ / Issuing Authority
DIP / DHAKA

মেয়াদোত্তীর্ণের তারিখ / Date of Expiry
13 OCT 2023

স্বাক্ষর / Holder's Signature
S. Raju

PGBGDRAJU<<SHAHNEWAJ<<<<<<<<<<<<<<<<<<<<<<<<<<<<
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