INTERPOL

ENROLMENT FORM

PEVENT 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	Tazina
MIDDLE NAME	
LAST NAME	**Zaman**
Name in local script (Name, middle name, last name)	
Sex	Male ☐ Female ☒
Date of Birth (DD/MM/YY)	**18/06/1977**
Country of Birth	Bangladesh
City/Village	Dhaka
State/Province	Dhaka
ID DOCUMENTS	
Passport Number	**OC9265471**
National ID number	8827802111789
EMPLOYMENT INFORMATION	
Agency type	Law Enforcement ☒ Other ☐
Complete Name of the Agency	NCB-Dhaka, Bangladesh.
Ministry	**Ministry Of Home Affairs**
Department	**Bangladesh Police**
Division	
Sub-division/Unit	
Duty Station Address	**Phonix Road, Fulbaria, Dhaka.**
Official Position/Title, Rank	**INSPECTOR of Police**
Are you authorized to carry a gun?	Yes ☐ No ☒
Are you authorized to arrest?	Yes ☐ No ☒
CONTACT DETAILS	
Telephone number (work)	
Mobile number	**01712768819**
Email	**tazinanitu@yahoo.com**
Skype ID (if applicable)	

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LANGUAGE	
Languagesspoken	

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

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: TAZINA ZAMAN
Father's Name: KHAIRUZZAMAN
Mother's Name: LYZOO ZAMAN
Spouse's Name: MD ZAYED
Permanent Address: SHIMULBARI, MIA PARA, PHULBARI, PHULBARI, KURIGRAM

Emergency Contact:
Name: MD ZAYED
Relationship: SPOUSE
Address: HOUSE-17, ROAD-02, BLOCK- B, SECTION-12, MIRPUR, PALLABI, DHAKA
Telephone No: 01716435760

পাসপোর্ট নম্বর / Passport No.
OC 9265471

Md. Azizul Haque
Deputy Assistant Director
Passport Office, Bangladesh Secretariat
Govt. of the People's Republic of Bangladesh, Dhaka

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পাসপোর্ট
PASSPORT

গণপ্রজাতন্ত্রী বাংলাদেশ People's Republic of Bangladesh



শ্রেণী / Type: PG
দেশ কোড / Country code: BGD
পাসপোর্ট নং / Pasaport No.: OC9265471

বংশগত নাম / Surname: ZAMAN
প্রদত্ত নাম / Given Name: TAZINA
জাতীয়তা / Nationality: BANGLADESHI
ব্যক্তিগত নং / Personal No.: 8827802111789
জন্ম তারিখ / Date of Birth: 18 JUN 1977
পূর্ববর্তী পাসপোর্ট নং / Previous Passport No.: BW0538844
লিঙ্গ / Sex: F
জন্মস্থান / Place of Birth: KHULNA
প্রদানের তারিখ / Date of Issue: 29 NOV 2018
প্রদানকারী কর্তৃপক্ষ / Issuing Authority: DIP / DHAKA
মেয়াদোত্তীর্ণের তারিখ / Date of Expiry: 28 NOV 2023
স্বাক্ষর / Holder's Signature

PGBGDZAMAN<<TAZINA<<<<<<<<<<<<<<<<<<<<<<<<<<<<
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