



# ইলেকশন অবজারভার অ্যালায়েন্স Election Observer Alliance

## Organization Registration Form

### Applicant's Information

Date: ...../...../.....

Organization's Name: .....

Authorized Representative: .....

Organizational Designation: .....

Father's Name: .....

Mother's Name: .....

Permanent Address: Vill./Locality: ..... Thana: .....

PO: ..... District: .....

Present Address: Vill./Locality: ..... Thana: .....

PO: ..... District: .....

Phone/WhatsApp ..... E-mail: .....

Facebook ID: ..... Website: .....

Date of Birth: ..... Nationality: ..... Blood Group: .....

Last Academic Attainment: ..... NID/Passport No. ....

### Details of Organization

Name of Organization: .....

Govt. Registration No. (If Any) ..... Reg. Date: .....

Address and Phone: .....

E-mail: ..... Website .....

### Declaration

I, the undersigned, hereby state that, my Organization is joining Election Observer Alliance at my own will. I also declare that I will play my part as an Election Observer in National-Regional Elections neutrally and in accordance of Rules and Regulation of EOA. During the Observation I will not make any false statement to any media and We will refrain from such behavior that obstruct the country and the law and order. I will provide all information to EOA Information Desk and will respect any decisions made by the Forum. If otherwise Election Observer Alliance can take any action against me.

.....  
Applicant's Signature and Seal

### To be filled by the Office

..... has been registered as a  
Member Organization of Election Observer Alliance.

Registration No. : ..... Date of Registration: .....

.....  
Registerer's Signature & Seal

.....  
Chairman : Signature & Seal

Please attach copy of Govt. Reg. Certificate of Organization and all necessary documents along with passport size photograph, complete CV, NID and latest academic certificates of the Authorized Person