চাকরির আবেদন ফরম

৫x৫ সে.মি. ছবি

(সম্প্রতি তোলা, দুই কপি)

বরাবর

আহবায়ক

বিভাগীয় নির্বাচন কমিটি

ডিপিডিটি, শিল্প মন্ত্রণালয়, ঢাকা।

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| ১. | পদের নাম | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ২. | বিজ্ঞপ্তির নম্বর : | | | | | | | | | | | | | | | | | | | | | | | | | তারিখ: | | | | | | দি | | | | | | ন | | | | মা | | | | স | | | ব | | | | ‌ৎ | | স | | র | |
| ৩. | প্রার্থীর নাম | | বাংলায় | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ইংরেজিতে (বড় অক্ষরে) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৪. | জাতীয় পরিচয় নম্বর | |  | |  | |  | |  | | |  | |  | |  | | | |  | |  |  | | | | |  | |  | | | |  | |  | | |  | | | |  | |  | | |  | |  | |  | |  | | (যে কোন একটি) | | |
| জন্ম নিবন্ধন নম্বর | |  | |  | |  | |  | | |  | |  | |  | | | |  | |  |  | | | | |  | |  | | | |  | |  | | |  | | | |  | |  | | |  | |  | |  | |  | |
| ৫. | জন্ম তারিখ | |  | |  | |  | |  | | |  | |  | |  | | | |  | | ৬. জন্মস্থান (জেলা) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৭. | বিজ্ঞপ্তিতে উল্লিখিত তারিখে প্রার্থীর বয়স : | | | | | | | | | | | | | | | | | | | | | বছর | | | | | | | | | | | | মাস | | | | | | | | | | | | | | দিন | | | | | | | | | | |
| ৮. | মাতার নাম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৯. | পিতার নাম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১০. | ঠিকানা : | | | | | | | | | | বর্তমান | | | | | | | | | | | | | | | | | | | | | | | | | | স্থায়ী | | | | | | | | | | | | | | | | | | | | | |
| বাসা ও সড়ক (নাম/নম্বর) : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| গ্রাম/পাড়া/মহল্লা : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| ইউনিয়ন/ ওয়ার্ড | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| ডাকঘর : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| পোস্টকোড নম্বর : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| উপজেলা : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| জেলা : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| ১১. | যোগাযোগ : | | | | | | | | | | মোবাইল/ টেলিফোন নম্বর | | | | | | | | | | | | | | | | | | | | | | | | | | ই-মেইল (যদি থাকে) | | | | | | | | | | | | | | | | | | | | | |
| ১২. | জাতীয়তা : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ১৩. | | | | জেন্ডার : | | | | | | | | | | | | | | | | | | | | | |
| ১৪. | ধর্ম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ১৫. | | | | পেশা : | | | | | | | | | | | | | | | | | | | | | |
| ১৬. | শিক্ষাগত যোগ্যতা | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| পরীক্ষার নাম | | | বিষয় | | | | | | | | | শিক্ষা প্রতিষ্ঠান | | | | | | | | | | | | পাসের সন | | | | | | | | | | বোর্ড/ বিশ্ববিদ্যালয় | | | | | | | | | | | | | | | | গ্রেড/ শ্রেণি/ বিভাগ | | | | | | | |
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| ১৭. | অতিরিক্ত যোগ্যতা (যদি থাকে) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১৮. | অভিজ্ঞতার বিবরণ (প্রযোজ্য ক্ষেত্রে) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১৯. | কোটা (টিক দিন): | | | | | মুক্তিযোদ্ধা/ শহীদ মুক্তিযোদ্ধাদের পুত্র-কন্যা/ পুত্র-কন্যার পুত্র/কন্যা | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | এতিম/ শারীরিক প্রতিবন্ধী | | | | | | | | | | | | | | |
| ক্ষুদ্র র্ন-যোষ্ঠী | | | | | | | | | | | আনসার ও গ্রাম প্রতিরক্ষা সদস্য | | | | | | | | | | | | | | | | | | | | | | | | | | | অন্যান্য (উল্লেখ করুন) : | | | | | | | | | | | | | | |
| ২০. | চালান/ ব্যাংক ড্রাফট/ পে-অর্ডার নম্বর | | | | | | | | | | | | | | | | | | | | | | | | | | তারিখ : | | | | | | | | | | | | | দি | | | | ন | | | মা | | | স | | ব | | ৎ | | স | | র |
| ব্যাংক ও শাখার নাম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ২১ | বিভাগীয় প্রার্থী কিনা (টিক দিন) : | | | | | | | | | | | | | | | | | হ্যাঁ | | | | | | | | | না | | | | | | | | | | | | | | প্রযোজ্য নয় | | | | | | | | | | | | | | | | | |
| আমি এ মর্মে অঙ্গীকার করছি যে, ওপরে বর্ণিত তথ্যাবলি সম্পূর্ণ সত্য। মৌখিক পরীক্ষার সময় উল্লিখিত তথ্য প্রমাণের জন্য সকল মূল সার্টিফিকেট ও রেকর্ডপত্র উপস্থাপন করব। কোন তথ্য অসত্য প্রমাণিত হলে অইনানুগ শাস্তি ভোগ করতে বাধ্য থাকব। | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| তারিখ | | দি | | | | | | ন | | মা | | | | | স | | | | ব | | ৎ | | | স | | | | | র | | প্রার্থীর স্বাক্ষর | | | | | | | | | | | | | | | | | | | | | | | | | | | |