**চাকরির আবেদন ফরম**

৫x৫ সি.মি

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(সম্প্রতি তোলা, দুই কপি

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| ১. | পদের নাম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ২. | বিজ্ঞপ্তির নম্বর: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | তারিখ: | | | | | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | |
| ৩. | প্রার্থীর নাম | | | | বাংলায়: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ইংরেজিতে (বড় অক্ষরে): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৪. | জাতীয় পরিচয় নম্বর/ জন্ম নিবন্ধন নম্বর (যেকোন একটি): | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  | |  | |  |  | | |  | | |  | |  |  |  | | |  |  | |  | |  | | |  | |  |  |  |  |  | |  | |  |
| ৫. | জন্মতারিখ: | | | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | ৬. জন্মস্থান (জেলা): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ৭. | বিজ্ঞপ্তিতে উল্লিখিত তারিখ 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. | যোগোযোগ: | | | | | 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/শহীদমুক্তিযোদ্ধাদের পুত্র-কন্যা/পুত্র-কন্যারপুত্র-কন্যা | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | এতিম / শারীরিক প্রতিবন্ধী | | | | | | | | | | | | | | | | | | |
| ক্ষুদ্রনৃ-গোষ্ঠী | | | | | | | | | আনসার ও গ্রাম প্রতিরক্ষা সদস্য | | | | | | | | | | | | | | | | | | | | | | অন্যান্য (উল্লেখকরুন): | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 আইনানুগ শাস্তি ভোগ করতে বাধ্য থাকব। | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| তারিখ: | |  |  |  | | | |  | | |  | | |  | | |  | | |  | | | প্রার্থীর স্বাক্ষর | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |