

BANGLADESH ARMY UNIVERSITY OF SCIENCE AND TECHNOLOGY KHULNA

বাংলাদেশ আর্মি ইউনিভার্সিটি অফ সাইন্স এন্ড টেকনোলজি খুলনা

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Recent Photograph [03 Copies duly attested]

(Color, without glass and face cover showing ear)

APPLICATION FORM

			D		•			
A.	PERSONA	L	(PLEASE	FILL IN WIT	TH CAPITA	AL LETTER	S)	
DETAILS:								
Full Name:		English:						
		বাংলা:						
Date of Birth:	:	Day:	Month:	Year:	Marital	Marital Status:		Married
Age (on Circu	ılar End Date)	: Day:	Month:	Year:	Gender	:	Male	Female
Place of Birth	1:		l	1	Religion	n:		
Nationality:					Blood C	Froup:		
NID:					Passpo	rt Number:		
E-Mail Addre	ess:				Cell Pho	Cell Phone:		
B. FAM	ILY INFORM	ATION:						
	Name:	English	English:					
Father	Name.	বাংলা:						
	Occupation:		Work Address (mentioning designation):		ntioning			
	Age:	NID:				Cell Phone:		
	Name:	English						
Marker	ivallie.	বাংলা:	বাংলা:					
Mother	Occupation:			Work Address (mentioning designation):				
	Age:	NID:			Cell Phone			
	Name:	English	English:					
Cmayaa		বাংলা:						
Spouse (If Applicable)	Occupation:		Work Address (mentioning designation):		ntioning			
	Age:	NID:				Cell Phone	:	

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C.	ADDRESSES:	(Please	(Please mention full address with postal code)					
	Present Address		Permanent Address	Mailing Address (Postal)				

D. ACADEMIC BACKGROUND:						
Examination	Education Board/ Varsity	Name of the Institution	Registration Number & Session	Year of Passing	GPA/Division/ Class/CGPA	
SSC/Equivalent						
HSC/Equivalent						
Bachelor/Honors/ Equivalent						
Masters/Equivalent						
M. Phil					_	
PhD						

F. EXPERIENCES (Latest First):								
Serial	Sorial Designation Last Pay Scale Organization Duration of Service							
Seriai	Designation	/Gross Salary	Organization	From	To	Total		
Total E	Total Experience: Year							

		Name and Address of 03 (three) References (Not Blood Related) who would certify about the applicant's achievements, career, personality, character, etc.					
Serial	Name	Designation	Institution	Cell Phone Number	E-Mail Address		
(1)							
(2)							
(3)							

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P. A	P. ANTECEDENT (Verifiable):						
Serial	Aspect	Description	Fact				
		Any time from any position dismissed					
(1)	Service	or demoted or severely reprimanded?					
(1)	Record	If yes, mention the organization and					
		reason for it.					
		Anytime punished by any Court of					
(2)	Litigation	Law or lawsuit ongoing for criminal					
		activities? If yes, mention details.					
	Health	Any physical disability or state of					
(3)		chronic/genetic incurable diseases					
		need attention? If yes mention details.					

Q.	DECLARATION:	
	I certify that the information state	ed above is correct.
	Date:	Signature of the Applicant

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CHECKLIST

Post Applied for: .			Departme	Department			
ob Circular Refer	ence	with Date:					
Attached additi	onal _J	pages if required in respective field.					
Tick that docun	nents	you have attached with application.					
Filled up prescr number 3 & 4.	ribed	application form (BAUSTK F-7.04/PMIS -	03) 4 pages w	ith appli	cant's signature at page		
Photocopies of	the f	ollowing document attached (Only relev a	nt documents	s):			
			Att	ached D	ocument		
Ser	No	Name of the Course/Event	Certi	ficate	Marksheet		
a		Secondary School Certificate					
b		Higher Secondary Certificate					
C.		Bachelor of Science					
d		Master of Science					
e.	•	Master of Philosophy					
f.	•	Doctor of Philosophy					
g.		Experience					
h		National ID/ Passport					
j.		Any Other					
	_						
Bank Draft/Pag	-						
	•	Pay order no					
		Bank Name:					
■ Branch	l:						
Envelope with	Post	age Stamp (10 Tk) attached.					
Photographs 3	3 copi	es duly attested (Passport Size)					
			_	Signatu	re of the Applicant		

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