

# BANGLADESH ARMY UNIVERSITY OF SCIENCE AND TECHNOLOGY KHULNA বাংলাদেশ আর্মি ইউনিভার্সিটি অফ সাইন্স এন্ড টেকনোলজি খুলনা

web: www.baustkhulna.ac.bd e-mail: info@baustkhulna.ac.bd Nurjahan Tower, Shiromoni, Plot 8 & 9, Atra Gilatala, Khanjahan Ali Thana, Fultala, Khulna - 9204

Recent Photograph [03 Copies duly attested]

(Color, without glass and face cover showing ear)

## **APPLICATION FORM (TEACHER)**

Position Applied for:				Department:		:	
A. PERSONAL DETAILS:		(PLEASE FI	LI. IN WIT	ГН САРІТА	AL LETTER	25)	
		English:			0211 177		
Full Name:		বাংলা:					
D (D)			26 .1		36 11 3	<u> </u>	
Date of Birth		Day:	Month:	Year:	Marital		Single Married
Age (on Circ	ular End Date):	Day:	Month:	Year:	Gender:		Male Female
Place of Birt	h:				Religion	ı:	
Nationality:					Blood G	roup:	
NID:					Passpor	t Number:	
E-Mail Addr	ess:				Cell Pho	ne:	
B. FAM	IILY INFORMA	ΓΙΟΝ:					
		English	English:				
Park	Name:	বাংলা:	বাংলা:				
Father	Occupation:	Work Address (mentioning					
	•		designation):			Call Dlasses	
	Age:	NID:				Cell Phone	:
	Name:	English:					
Mother		বাংলা:	TAY 1 A	1.1			
riotilei	Occupation:		designat	ldress (men ion):	itioning		
	Age:	NID:	1 0	,		Cell Phone	:
		English:					
	Name:	বাংলা:					
Spouse (If Applicable)	Occupation:		Work Addesignat	ddress (me	ntioning		
Age: NID:					Cell Phone	2:	
1							
C. ADD	RESSES:	(Please	mention full			code)	
Pre	esent Address		Permanent Address		Mai	ling 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						

E.	E. TRAINING/COURSES (IF APPLICABLE):							
Serial	Name of the Training	Institution	Country		Duration			
				From	To	Total		

F.	EXPERIENCES (L	atest First):				
Serial	Decignation	Last Pay Scale	Organization		Duration of S	Service
Seriai	Designation	/Gross Salary	Organization	From	To	Total
Total Experience: Year Month Day						

G.	G. TEACHING ACTIVITIES UNDERTAKEN:						
	Institution	Courses	Level (UG/PG)	No. of Students	Hrs/wk	Duratio	n
		Taught				From	To

H.	. SUPERVISION OF THESIS/DESIGN PROJECT AT UNDERGRADUATE (UG)/ POSTGRADUATE(PG) LEVEL:						
		Number	of Project	Level	Number	Duration	
	Institution	Thesis	Design	(UG/PG)	of Students	From	То

J. SUPERVISION OF COMPLETED GRADUATE RESEARCH WORK:						
Level (Masters/PhD/Post Doc)	Title of the Thesis/Design Project	Year of Completion				

K. RESEARCH GRANTS RE	K. RESEARCH GRANTS RECEIVED:						
Organization Offered the	Droingt Title	Granted Amount Du					
Grant	Project Title	(equivalent Tk)	From	To			

L. LIST OF PUBLICATIONS: (JOURNAL/CONFERENCE PROCEEDINGS/PRESENTATION)		List them by mentioning authors, title of the paper, Journal/Conference presented at year, volume, number, issue number, pages, etc.					
Serial	Item (Mention Recent to Past and attach pages if required)	Number of Paper(s)	Description	Number of Pages Attached			
(1)	Journal Publication						
(2)	Conference Proceedings						
(3)	Presentation						
(4)	Books/Book Chapters						
(5)	Research monographs, monographs, patents and other works completed and contributions in standard published books						

M.	REFERENCES (Verifiable):	Name and Address of two would certify about the character, etc.	•	,	
Serial	Name	Designation	Institution	Cell Phone Number	E-Mail Address
(1)					
(2)					
(3)					

N.	OTHER INFORMATION:				
Serial	Aspect	Details			
	Names and address of the Teachers/	(1)			
a.	Supervisors under whom studied for higher	(2)			
	degrees	(3)			
b.	Membership/Fellowship				
C.	Professional Awards/ Honours received				
d.	Participation in National Commission, Committees, etc. Commissioned by the Government of Bangladesh and Government Institution/Organizations				
e.	Professional work at National and International Levels				

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.					
		Any physical disability or state of					
(3)	Health	chronic/genetic incurable diseases					
		need attention? If yes mention details.					

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

### **CHECKLIST**

Post Applied		Department					
ob Circular	Reference	with Date:					
• Attached	additional	pages if required in respective field.					
• Tick that	documents	s you have attached with application.					
Filled up p	prescribed	l application form (BAUSTK F-7.04/PMIS -	· 02) 5 pages w	ith applic	ant's signature at page		
Photocopi	ies of the f	following document attached:					
			Attached Document				
	Ser No	Name of the Course/Event	Certif	icate	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 Dra	aft/Pay ord	der attached:					
Bank Draft/Pay order no							
Amount: Bank Name:							
• B	ranch:						
Envelope	e with Pos	tage Stamp (2 Pieces, each 10 Tk) attached	ı.				
Photogra	phs 3 cop	ies duly attested (Passport PP Size)					
				Signatur	e of the Applicant		

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