



Bangladesh Army University of Science and Technology Khulna

বাংলাদেশ আর্মি ইউনিভার্সিটি অফ সাইন্স এন্ড টেকনোলজি খুলনা

Nurjahan Tower, Plot-8 & 9, Ward-6, Shiromoni, Atra Gilatala, Fultola, Khanjahan Ali, Khulna – 9210. Mobile Phone: +8801769564533
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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 FILL IN WITH CAPITAL LETTERS)					
Full Name:	English:				
	বাংলা:				
Date of Birth:	Day:	Month:	Year:	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married
Age (on Circular End Date):	Day:	Month:	Year:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth:				Birth Registration	
Nationality:				Religion:	
NID:				Passport Number:	
E-Mail Address:				Cell Phone:	

B. FAMILY INFORMATION:					
Father	Name:	English:			
		বাংলা:			
	Occupation:		Work Address (mentioning designation):		
Age:	NID:			Cell Phone:	
Mother	Name:	English:			
		বাংলা:			
	Occupation:		Work Address (mentioning designation):		
Age:	NID:			Cell Phone:	
Spouse (If Applicable)	Name:	English:			
		বাংলা:			
	Occupation:		Work Address (mentioning designation):		
Age:	NID:			Cell Phone:	

C. ADDRESSES: (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	Group	Registration Number & Session	Year of Passing	GPA/Division/ Class/CGPA
SSC/Equivalent						
HSC/Equivalent						
Bachelor/Honors/ Equivalent						
Masters/Equivalent						
M. Phil						
PhD						

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

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

Total Experience: Year Month Day

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

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

J. RESEARCH GRANTS RECEIVED:				
Organization Offered the Grant	Project Title	Granted Amount (equivalent Tk)	Duration	
			From	To

K. LIST OF PUBLICATIONS: (JOURNAL/CONFERENCE PROCEEDINGS/PRESENTATION)		<i>List them by mentioning authors, title of the paper, Journal/Conference presented at year, volume, number, issue number, pages, etc.</i>		
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			
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L. REFERENCES (Verifiable):		<i>Name and Address of 03 (three) References (Not Blood Related) who would certify about the applicant's achievements, career, personality, character, etc.</i>			
Serial	Name	Designation	Institution	Cell Phone Number	E-Mail Address
(1)					
(2)					
(3)					

M. OTHER INFORMATION:		
Serial	Aspect	Details
a.	Names and address of the Teachers/ Supervisors under whom studied for higher degrees	(1)
		(2)
		(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	

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

P. DECLARATION:

I certify that the information stated above is correct.

Date: _____

Signature of the Applicant

CHECKLIST

Post Applied for: **Department**

Job Circular Reference with Date:

- Attached additional pages if required in respective field.
- Tick that documents you have attached with application.
- Filled up prescribed application form (BAUSTK F-7.04/PMIS – 02) 5 pages with applicant’s signature at page no 4.
- Photocopies of the following document attached:

Ser No	Name of the Course/Event	Attached Document	
		Certificate	Marksheet
a.	Secondary School Certificate	<input type="checkbox"/>	<input type="checkbox"/>
b.	Higher Secondary Certificate	<input type="checkbox"/>	<input type="checkbox"/>
c.	Bachelor of Science	<input type="checkbox"/>	<input type="checkbox"/>
d.	Master of Science	<input type="checkbox"/>	<input type="checkbox"/>
e.	Master of Philosophy	<input type="checkbox"/>	<input type="checkbox"/>
f.	Doctor of Philosophy	<input type="checkbox"/>	
g.	Experience	<input type="checkbox"/>	
h.	National ID/ Passport	<input type="checkbox"/>	
j.	Any Other	<input type="checkbox"/>	

Bank Draft/Pay order attached:

- Bank Draft/Pay order no Dated:
- Amount: Bank Name:
- Branch:

Envelope with Postage Stamp (2 Pieces, each 10 Tk) attached.

Photographs 3 copies duly attested (Passport PP Size)

Signature of the Applicant