



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

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:				Religion:		
Nationality:				Blood Group:		
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	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	Designation	Last Pay Scale /Gross Salary	Organization	Duration of Service		
				From	To	Total

Total Experience: Year Month Day

M. 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)					

P. 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>	

Q. 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