চাকরির আবেদন ফরম

৫x৫ সে. মি.

বরাবর

মহাপরিচালক ছবি

বাংলাদেশ ক্রীড়া শিক্ষা প্রতিষ্ঠান (বিকেএসপি)

জিরানী, আশুলিয়া, সাভার, ঢাকা। (সম্প্রতি তোলা, তিন কপি)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ১. | পদের নাম : | | | | | | | | | | |
| ২. | বিজ্ঞপ্তির নম্বর : | | তারিখ : | দি | ন | মা | স | ব | ৎ | স | র |
|  |  | |  |  |  |  |  |  |  |  |  |
| ৩. | প্রার্থীর নাম | বাংলায় : | | | | | | | | | |
| ইংরেজিতে (বড় অক্ষরে) : | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ৪. | জাতীয় পরিচয় নম্বর : | | | | | | | |  | | | |  | | | |  | | |  | |  | |  | | | |  | |  | | |  |  |  |  | | |  | |  | | |  |  | |  | |  | |  | |  | |  | |  | | (যে কোন একটি) | | | | |
| জন্ম নিবন্ধন নম্বর : | | | | | | | |  | | | |  | | | |  | | |  | |  | |  | | | |  | |  | | |  |  |  |  | | |  | |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | | | | |
| ৫. | জন্ম তারিখ : | | | | দি | | | ন | | | | মা | | | স | | | | ব | | | ৎ | | | স | | | | র | | | ৬. জন্ম স্থান (জেলা) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৭. | বিজ্ঞপ্তিতে উল্লিখিত তারিখে প্রার্থীর বয়স (১০/৭/২০১৬ খ্রি: তারিখ অনুযায়ী) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | বছর | | | | | | | | | | মাস | | | | | | | | | | | | | দিন | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | |
| ৮. | মাতার নাম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৯. | পিতার নাম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১০. | ঠিকানা : | | | | | | | | | | | | | বর্তমান | | | | | | | | | | | | | | | | | | | | | | | | | | | | | স্থায়ী | | | | | | | | | | | | | | | | | | | | |
| বাসা ও সড়ক (নাম/নম্বর) : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| গ্রাম/পাড়া/মহল্লা : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| ইউনিয়ন/ওয়ার্ড: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| ডাবঘর: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| পোস্ট কোড নম্বর : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| উপজেলা : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| জেলা : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| ১১. | যোগাযোগ : | | | | | | | | | | | | | 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/শ্রেণী/ বিভাগ | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | |
| ১৭. | অতিরিক্ত যোগ্যতা (যদি থাকে) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১৮. | অভিজ্ঞতার বিবরণ (প্রযোজ্য ক্ষেত্রে) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১৯. | কোটা  (টিক দিন) : | | | | | মুক্তিযোদ্ধা/শহীদ মুক্তিযোদ্ধাদের পুত্র-কন্যা/পুত্র-কন্যার পুত্র-কন্যা | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | এতিম/শারীরিক প্রতিবন্ধী | | | | | | | | | | | | | | | | | | | | | |
| ক্ষুদ্র নৃ-গোষ্ঠী | | | | | | | | | | | | | | | | | | | | আনসার ও গ্রাম প্রতিরক্ষা সদস্য | | | | | | | | | | | | | | | | অন্যান্য (উল্লেখ করুন) : | | | | | | | | | | | | | | | | | | | | | |
| ২০. | চালান/ব্যাংক ড্রাফট/পে-অর্ডার নম্বর : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | তারিখ: | | | | দি | | | | ন | | মা | | স | | ব | | | | ৎ | | স | র |
| ব্যাংক ও শাখার নাম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | |  | |  | | | |  | |  |  |
| ২১. | বিভাগীয় প্রার্থী কিনা (টিক দিন) : | | | | | | | | | | | | | | | | | হ্যাঁ | | | | | | | | | | | | | না | | | | | | | | | | | প্রযোজ্য নয় | | | | | | | | | | | | | | | | | | | | | |
| 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 : | | দি | ন | মা | | | স | | | ব | | | | | | ৎ | | | | | স | | র | | | | প্রার্থীর স্বাক্ষর | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | |  | | | | | |  | | | | |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |