



PHOTO

## Job Application Form

Please complete all sections of the job application form. A curriculum vitae and other relevant information will only be considered along with the completed job application form. Please type or write clearly in black ink.

|                                |  |
|--------------------------------|--|
| <b>1. Position Applied For</b> |  |
| <b>2. Department/Section</b>   |  |

| <b>3. Personal Details</b>    |  |                |  |
|-------------------------------|--|----------------|--|
| Full Name<br>(as in NID)      |  |                |  |
| Date of Birth                 |  | Place of Birth |  |
| Age (on Circular<br>End Date) |  | Marital Status |  |
| Nationality                   |  | Gender         |  |
| NID No.                       |  | Religion       |  |
| Passport No.                  |  | Blood Group    |  |
| E-mail                        |  | Contact Number |  |

| <b>4. Family Information</b> |  |
|------------------------------|--|
| Father's Name                |  |
| Mother's Name                |  |
| Spouse's Name                |  |

| <b>5. Contact Address</b>   |                          |                                       |
|-----------------------------|--------------------------|---------------------------------------|
| <b>Present/Home Address</b> | <b>Permanent Address</b> | <b>Mailing/Correspondence Address</b> |
|                             |                          |                                       |

| 6. Educational Qualifications                                                                                         |                               |                |    |        |              |                                    |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|----|--------|--------------|------------------------------------|
| List of universities and other institutions attended and attach copies of degrees, diplomas and academic transcripts. |                               |                |    |        |              |                                    |
| Degree Level                                                                                                          | Name of Institution & Country | Years Attained |    | Result | Passing Year | Position with Distinction (if any) |
|                                                                                                                       |                               | From           | To |        |              |                                    |
| SSC or equivalent                                                                                                     |                               |                |    |        |              |                                    |
| HSC or equivalent                                                                                                     |                               |                |    |        |              |                                    |
| Bachelor                                                                                                              |                               |                |    |        |              |                                    |
| Masters                                                                                                               |                               |                |    |        |              |                                    |
| M. Phil                                                                                                               |                               |                |    |        |              |                                    |
| Ph. D                                                                                                                 |                               |                |    |        |              |                                    |
| Others (if any)                                                                                                       |                               |                |    |        |              |                                    |

| 7. Employment History                                                                                                                                             |                 |                            |                                                                                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Please provide details of your full employment history starting with the most recent and including any periods of voluntary work, career breaks and unemployment. |                 |                            |                                                                                                                                       |                                       |
| Start Date & End Date                                                                                                                                             | Duration (YYMM) | Name & Address of Employer | Job Title / Position<br><i>(also indicate status of appointments, e.g. Full-time/Part-time/ Contract and Academic/Administrative)</i> | Reason(s) for Leaving of previous Job |
|                                                                                                                                                                   |                 |                            |                                                                                                                                       |                                       |
|                                                                                                                                                                   |                 |                            |                                                                                                                                       |                                       |
|                                                                                                                                                                   |                 |                            |                                                                                                                                       |                                       |
|                                                                                                                                                                   |                 |                            |                                                                                                                                       |                                       |

| 8. Publications                                                                     |                                                                             |                                         |               |                        |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------|---------------|------------------------|
| Published As<br>(Professor/Associate Professor/Assistant Professor/Lecturer/Others) | Title of Article/Book Chapter/Others<br>(Publication Information with Link) | Authorship<br>(First Author/ Co-Author) | Impact Factor | Web of Science/ Scopus |
|                                                                                     |                                                                             |                                         |               |                        |
|                                                                                     |                                                                             |                                         |               |                        |
|                                                                                     |                                                                             |                                         |               |                        |
|                                                                                     |                                                                             |                                         |               |                        |
|                                                                                     |                                                                             |                                         |               |                        |

| 9. Skills, Continuing Professional Development & Training                                                                  |
|----------------------------------------------------------------------------------------------------------------------------|
| Please list any additional training or competencies that you would like us to consider in support of your job application. |
|                                                                                                                            |
|                                                                                                                            |

| 10. Professional Body Membership                                           |                            |            |             |
|----------------------------------------------------------------------------|----------------------------|------------|-------------|
| Please provide details of any professional body membership which you hold. |                            |            |             |
| Institution/Professional Body                                              | Membership ID No./Category | Start Date | Valid Until |
|                                                                            |                            |            |             |
|                                                                            |                            |            |             |

| 11. Referees                                                                                                                                                                                                                                                                                                                                                   |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Please provide details of three (3) person excluding relatives or friends who will be able to provide employment reference. The referees must include current or most recent employer. Please provide details of your course teacher/volunteer work supervisor if you have no current or recent employer. The University treats all references confidentially. |                 |
| <b>Referee 1:</b>                                                                                                                                                                                                                                                                                                                                              |                 |
| Name:                                                                                                                                                                                                                                                                                                                                                          | Contact Number: |
| Position Title:                                                                                                                                                                                                                                                                                                                                                |                 |
| Organization:                                                                                                                                                                                                                                                                                                                                                  | E-mail:         |
| Relationship to you:                                                                                                                                                                                                                                                                                                                                           |                 |
| <b>Referee 2:</b>                                                                                                                                                                                                                                                                                                                                              |                 |
| Name:                                                                                                                                                                                                                                                                                                                                                          | Contact Number: |
| Position Title:                                                                                                                                                                                                                                                                                                                                                |                 |
| Organization:                                                                                                                                                                                                                                                                                                                                                  | E-mail:         |
| Relationship to you:                                                                                                                                                                                                                                                                                                                                           |                 |
| <b>Referee 3:</b>                                                                                                                                                                                                                                                                                                                                              |                 |
| Name:                                                                                                                                                                                                                                                                                                                                                          | Contact Number: |
| Position Title:                                                                                                                                                                                                                                                                                                                                                |                 |
| Organization:                                                                                                                                                                                                                                                                                                                                                  | E-mail:         |
| Relationship to you: Sir                                                                                                                                                                                                                                                                                                                                       |                 |

| 12. Criminal Records                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|
| <b>Have you had any criminal convictions (Please tick mark)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please send the details in separate page with application.                                                        |

| 13. Declaration & Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <ul style="list-style-type: none"> <li>I declare that the information provided above is true and complete in all aspects. I understand and agree that any false statement could result in termination of my job application or employment.</li> <li>I hereby give my irrevocable consent to Dr. Momtaz Begum University of Science &amp; Technology to perform periodical random checks from time to time to verify the particulars given above.</li> <li>I consent to the collection, use, processing, disclosure, and retention by Dr. Momtaz Begum University of Science &amp; Technology of my personal data under the terms of reference and associated other policy.</li> </ul> |       |
| Signed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date: |