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| পাসপোর্ট সাইজ  ছবি (সম্প্রতি তোলা তিন কপি) |

**চাকরির আবেদন ফরম**

বরাবর,

সদস্য সচিব

ঈশ্বরদী ইপিজেড মেডিকেল সেন্টার ট্রাস্টি বোর্ড

ঈশ্বরদী ইপিজেড হাসপাতাল

পাকশী, পাবনা।

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| ১. | পদের নাম : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ২. | বিজ্ঞপ্তি নম্বর : | | | | | | | | | | | | | | | | | | | | | | | | | | তারিখ: | | | | | | | | দি | | | ন | | মা | | | স | | | ব | | ৎ | | স | র |
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| ৩. | প্রার্থীর **না**ম | বাংলায়: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ইংরেজীতে ( বড় অক্ষরে) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৪. | জাতীয় পরিচয় পত্র নম্বর: | | | | |  | |  | |  | |  | | |  |  | |  | | |  |  | | |  | | |  | | | |  | |  | | |  | |  | |  |  | | |  | |  | | (যে কোন  একটি) | | |
| জন্ম নিবন্ধন নম্বর: | | | | |  | |  | |  | |  | | |  |  | |  | | |  |  | | |  | | |  | | | |  | |  | | |  | |  | |  |  | | |  | |  | |
| ৫. | জন্ম তারিখ: | | দি | | ন | | মা | | | | স | | | ব | | | ৎ | | | স | | | | র | | | | | ৬. জন্ম স্থান (জেলা): | | | | | | | | | | | | | | | | | | | | | | |
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| ৭. | বিজ্ঞপ্তিতে উল্লিখিত তারিখে প্রার্থীর বয়স:  (০৭/০৫/২০২৩ তারিখে) | | | | | | | | | | | | বছর | | | | | | | | | | মাস | | | | | | | | | | | | | | | | | | | | দিন | | | | | | | | |
| ৮. | মাতার নাম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৯. | পিতার নাম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১০. | **ঠিকানা :** | | | | | | | | **বর্তমান** | | | | | | | | | | | | | | | | | | | | | | | | **স্থায়ী** | | | | | | | | | | | | | | | | | | |
| বাসা ও সড়ক (নাম/নম্বর): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| গ্রাম/পাড়া/মহল্লা: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ইউনিয়ন/ওয়ার্ড: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ডাকঘর: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| পোস্টকোড নম্বর: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| উপজেলা: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| জেলা: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ১১. | যোগাযোগ: | | | | | | | | মোবাইল 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/শ্রেণি/জিপিএ** | | | | | | | |
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| ১৭. | অতিরিক্ত যোগ্যতা (যদি থাকে): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১৮. | অভিজ্ঞতার বিবরণ ( প্রযোজ্য ক্ষেত্রে): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| ১৯. | 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। | | | | | | | | | | | | | |
| তারিখঃ | |  |  |  |  |  |  | |  |  | প্রার্থীর স্বাক্ষর | | |