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| ১. | পদেরনাম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ২. | বিজ্ঞপ্তিরনম্বর:তারিখ: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | | |  | |  | | |  | | |  | | |  |
| ৩. | প্রার্থীরনাম: | | | | | বাংলায়: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ইংরেজীতে(বড়অক্ষরে): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৪. | জাতীয়পরিচয়নম্বর: | | | | |  | | |  | | |  |  | | |  | |  | |  |  |  | |  | |  |  | | |  | |  | |  |  | |  | | |  | |  | | |  | | |  | | |  | | যেকোনএকটি | | |
| জন্মনিবন্ধননম্বর: | | | | |  | | |  | | |  |  | | |  | |  | |  |  |  | |  | |  |  | | |  | |  | |  |  | |  | | |  | |  | | |  | | |  | | |  | |
| ৫. | জন্মতারিখ: | | | | |  | | |  | | |  |  | | |  | |  | |  |  | ৬.জন্মস্থান(জেলা): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৭. | বিজ্ঞপ্তিতেউল্লিখিততারিখেপ্রার্থীরবয়স: | | | | | | | | | | | | | | | | | | | বছর | | | | | | | | | মাস | | | | | | | | | | | | দিন | | | | | | | | | | | | | | |
| ৮. | মাতারনাম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ৯. | পিতারনাম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১০. | ঠিকানা: | | | | | | | | | | বর্তমান | | | | | | | | | | | | | | | | | স্থায়ী | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| বাসাওসড়ক(নাম ও নম্বর): | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| গ্রাম/পাড়া/মহল্লা: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ইউনিয়ন/ওয়ার্ড: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ডাকঘর: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| পোষ্টকোড নম্বর: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| উপজেলা: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| জেলা: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১১. | যোগাযোগ: | | | মোবাইল/টেলিফোননন্বর: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১২. | জাতীয়তা: | | | | | | | | | | | | | | | | | | | | | | | | ১৩. | | | জেন্ডার: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১৪. | ধর্ম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১5. | শিক্ষাগতযোগ্যতা: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১6 | অভিজ্ঞতারবিবরণ(প্রযোজ্যক্ষেত্রে): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ১7. | কোটা(টিকদিন): | | | | | | মুক্তিযোদ্ধা/শহীদমুক্তিযোদ্ধাদেরপুত্র-কন্যা/পুত্র-কন্যারপুত্র-কন্যা | | | | | | | | | | | | | | | | | | | | | | | | | | | | এতিম/শারীরিকপ্রতিবন্ধী | | | | | | | | | | | | | | | | | | | | |
| ক্ষুদ্রনৃ-গোষ্ঠী | | | | | | | | আনসারওগ্রামপ্রতিরক্ষাসদস্য | | | | | | | | | | | | | | | | | | | | অন্যান্য(উল্লেখকরুন): | | | | | | | | | | | | | | | | | | | | |
| 18. | পে-অর্ডার/ ব্যাংকড্রাফটনম্বর : | | | | | | | | | | | | | | | | | | | | | | তারিখ: | | | | | | | |  | |  | |  | | |  | | | | |  | | | |  | | |  | | | |  | |
| ব্যাংকওশাখারনাম: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| আমিএমর্মেঅঙ্গীকারকরছিযে,ওপরেবর্ণিততথ্যাবলিসম্পূর্ণসত্য।মৌখিকপরীক্ষারসময়উল্লিখিততথ্যপ্রমানেরজন্যসকলমূলসার্টিফিকেটওরেকর্ডপত্রউপস্থাপনকরব।কোনতথ্যঅসত্যপ্রমাণিকহলেআইনানুগশাস্তিভোগকরতেবাধ্যথাকব। | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| তারিখ: | |  |  | |  | | |  | |  | | | |  | | |  | |  | | প্রার্থীরস্বাক্ষর | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |