## ASSISTANT HIGH COMMISSION OF INDIA, CHITTAGONG

## JOB APPLICATION FORM

#### Please read INSTRUCTIONS below before filling up the form:

1. This form comprises an essential part of the selection process, based on which candidates will be short-listed for an test/interview and physical test.

2. You are requested to fill all required details carefully.

3. Please forward duly filled application form in a sealed envelope by post to following address by 26<sup>th</sup> May, 2023.

# Head of Chancery, Assistant High Commission of India, Chittagong, Plot No 2111, Zakir Hussain Road, Khulshi, Chittagong-4225

4. Please enclose 2 passport size recent photographs with application form.

5. Please enclose copies of NID/Passport, documents for permanent and present address proof, educational certificates and DOB proof.

6. The envelope should clearly mention the post/ position applied for.

7. Any application received after due date will be summarily rejected.

8. Any false statement or omission may render you liable to action, which may include disqualification of your application. In case you are offered employment or are appointed, this may also lead to your appointment being withdrawn or to your dismissal.

9. Application may be submitted in the prescribed format only. Application in format, other than the prescribed one, will liable to be rejected.

Position Applied for										
PERSONAL DETAILS										
Full Name (including middle name)										
Alias Name										
National ID No.										
Date of Birth (dd/mm/yy)			Nationality	2 ?						
Place of birth	2	2	2 Gender	2 Female Male						
Marital status	Married	Single	Divorced	Widow						
Spouse Name			Father's Name							
Mother's Name			Driving License Number							

## OTHER INFORMATION

Do you have re ② Yes If yes, please p	elative ⊵ No	s/friend	s working for	Assistant Hi	gh Commis	sion of India,	Chittagong? —	
ADDRESS		1						
Current Addres	s							
Telephone (Landline)				Mobile Number				
				Email ID				
Permanent Ado	lress							
			EDUCATION	AL QUALIFIC	ATIONS			
Examination/ Degree		ersity/ d name	Institute/ College/ School name	Duration (from mm/yy to mm/yy)		Subjects studied/ Ma Specialisation R		
				Please use	e additional she	ets if you have in	sufficient space.	
VOCATIONAL programmes a			ON AND TRAI			-	-	
Training o	•	Duration	Duration (from mm/yy to mm/yy)					
LANGUAGES	KNOW	'N						
Language		S	peak	Re	ad	W	rite	

Language	Speak			Read			Write		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Bangla									
English									
Hindi									

Any other (please specify)								
EMPLOYMENT DETAILS (Please provide details of your work experience starting with the current employment)								
CURRENT EMPLOYMENT								
Name and address								
Brief information abo the organisation	ut							
Designation and department			Job	descripti	on (incl	uding key	/ achieve	ments)
Duration (from mm/yy mm/yy)	y to							
Reason for leaving								
Last Salary Drawn (complete break-up)								
Reporting to (name & designation)	k 🛛		Em	ail id				
Mobile No			Offi	ce No.				
		Previo	us Emplo	yment	1			
Name- and address								
Brief information abou organisation	ut the							
Designation and Department			Job	descriptio	on (inclu	uding key	achiever	ments)
Duration (from mm/yy mm/yy)	' to							
Reporting to (name & designation)								
Reason for leaving								
Last Salary Drawn								
			Pleas	e use addi	tional she	ets if you h	ave insuffic	cient space.

### MEDICAL HISTORY

Please provide details of major health disabilities (covering congenital disorders, physical or mental disabilities of any sort, or any other prolonged/contagious illness):

I declare that the information given in this form is true and complete to the best of my knowledge and belief. I understand that any false statement or omission may render me liable to action, which may include dismissal.

I hereby authorise ASSISTANT HIGH COMMISSION OF INDIA, CHITTAGONG or it's representative to verify information provided in my resume and job application form to conduct enquires as may be necessary at its discretion. I authorise all persons who may have information relevant to this enquiry to disclose it to ASSISTANT HIGH COMMISSION OF INDIA, CHITTAGONG or its representative. I release all persons from liability on account of such disclosure.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_