Sonargaon University (SU) সোনারগাঁও ইউনিভার্সিটি (এসইউ)

147/I, GREEN ROAD, TEJGAON, DHAKA-1215

Affix Photograph of the Candidate

CURRICULUM VITAE

Please fill in this application form accurately. Incomplete forms may lead to disqualification from our selection process. (Please fill the form correctly, otherwise the application will be rejected.) Name: ____

Position Applied for: _____

Contact Number: ______E-mail ID: _____

Pay Order Number: Amount: TK.

Issued Bank: (In word.....)

Date:

Section I

A.Tell us about your Educational Qualification: Please use the space below to highlight your educational background. (from last degree)

Educational Degree	Passing Year (Mention if Continue)	Name of the Institute	Subjects	Grade/ %

B. Received Certificate Course/Training:

Duration	Organized By
	Duration

C. Co-Curricular & Extra Curricular Activities (If any):

Extra-Curricular Activities

D. Tell us about your Language Skills (please $\sqrt{}$) :

Language Speak		Write	Read	
	Low/Medium/High	Low/Medium/High	Low/Medium/High	
Low/Medium/High		Low/Medium/High	Low/Medium/High	
	Low/Medium/High	Low/Medium/High	Low/Medium/High	

E. Tell us about your Computer Skills:

SI. No	Subject	Enter the Details
1	MS Office :	
2	Software and Tools :	
3	Programming (Regarding	
	Department):	

Section II

A. Share with us your Work Experience Have you worked earlier? Yes / No (If no then move on to the next section)

01. Employer's Name & Address (With Phone No.)

Joining Date				Design	ation
Period Worked				Salary	description
From	То		Gross	Mobile	Others (if any)
Job	Description		Reas	on For leavi	ng & Date
02. Employer	's Name & Address (W	/ith Phone	No.)		
Joining Date				Design	ation
Period Worked			·	Salary de	escription
From	То		Gross	Mobile	Others (if any)
Job Description			Reason For Leaving & Date		

03. Employer's Name & Address (With Pr	none No.)
Joining Date	Designation
Period Worked From To	Salary description Gross Mobile Others (if any)
	Gross Mobile Others (if any)
Job Description	Reason For Leaving
Section III	
First Name	Middle Name Last Name
Gender: MALE / FEMALE Age:Year(s) _	Month(s) Date of Birth:///
Place of Birth:	Religion Married: Yes / NO
Blood Group	
Mailin Present Address:	ng Address:
Email: (If any)	
Permanent Address: (if different than above	please specify)
	s your complete Telephone contact details:
Mobile Number Current:	/
Permanent/Present Residence Phone No. (Pleas	se Specify):
Emergency Contact Number – wh	hom can we call in case of an emergency.
Name Relationship_	Contact
Name Relationship_	

Tell us about your family:

Relation	Name	Dependent	Profession	Office Name & Address (With contact No.)
Spouse		YES/NO		
Father		YES/NO		
Mother		YES/NO		

Section IV

> Do you have any disorder and have you been hospitalization in the last one year?

References (Not related to you)

SL. No	Name	Relationship	Profession with contact details

DECLARATION

- I. I HEREBY DECLARE THAT ALL THE ABOVE INFORMATION PROVIDED BY ME TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACCEPT THAT IF IT IS FOUND THAT ANY INFORMATION IS MISSING OR OTHERWISE. THEN MY EMPLOYMENT IS LIABLE FOR SUMMARY OF TERMINATION.
- II. FURTHER UNDERTAKE THAT I AM BOUND TO FURNISH TO THE COMPANY AND CHANGE IN MY PERSONAL, PROFESSIONAL, SOCIAL OR GENERAL STATUS AT ANY TIME IN FUTURE, AND THAT IF I FALL TO DO SO, I SHALL HAVE VOILATED THE BASIC UNDERSTANDING OF THIS EMPLOYMENT.

Signature of the candidate

Date