**Chattagram International Dental College & Hospital**

206/1, Haji Chand meah road, Shamser Para, Chandgoang, Chittagong

**Application Form for Teaching/Doctor’s Position**

Date:

**Application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:………………………………………………………………………………………………**

**Date of Birth : ……………………………….. Age :**………..Years………..Months……..Days

**Contact No………………………………………… E-mail: …………………………………...**

**BMDC Reg. No…………………………….NID No…………………………………………...**

**Number of Publications (If Any):……………Principal Author………..Co-Author………….**

**• Educational Qualification**

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| **Examination** | **Subject/Group** | **Institution** | **Board/University** | **Passing Year** | **Result** |
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**Experience:**

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| **Name of Organization** | **Designation** | **Duration** | **From & To** |
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**• Extra Qualification**

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| **Name of Course/Program** | **Subject** | **Institution** | **Duration** | **Total Credit/Marks** | **Remarks** |
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* **Language Proficiency:**

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| --- | --- | --- | --- |
| Language | Writing | Reading | Speaking |
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Write: Excellent, good, fair, weak, nil (as the case may be)

**• Personal Details:**

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Husband’s/Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Blood Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Address:** C/O:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Office:\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:\_\_\_\_\_\_\_\_\_\_\_\_ Ward/Union\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Station:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address**: C/O:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Office:\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:\_\_\_\_\_\_\_\_\_\_\_\_ Ward/Union\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Station:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Computer Literacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Names and address of 2(two) referees who are not your relatives:**

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-----------------------------------------------**Name & Signature of the Applicant**

**Documents Enclosure**

**For Lecturer, Dental Surgeon**

1. Color Photo 4 Pieces

2. Photo Copy of All Academic Certificates (BDS, BMDC, HSC, SSC)

3. National ID/Birth Certificate

4. TIN Certificate

**For Assistant Professor/Junior Consultant and above**

5. Post-Graduation certificate

6. BMDC registration of Post-graduation

7. Copy of Publication

8. Experience Certificates (if any)