**ASSISTANT HIGH COMMISSION INDIA, KHULNA**

**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 interview and physical test.
2. You are requested to fill all required details carefully.
3. Please forward duly filled application form by email to **hoc.khulna@mea.gov.in**or sealed envelope by post/hand to **Assistant High Commission of India, Khulna, Address: 65, Shamsur Rahman Road, Khulna-9100, Tel: 88024-77730539** before **September 15, 2021.**
4. Please enclose 2 recent passport size photographs with application form.
5. The envelope should clearly mention the post/ position applied for.
6. Any application received after due date will be summarily rejected.
7. 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 In case you are offered employment or are appointed, this may also lead to your appointment being withdrawn or to your dismissal.

**Position Applied for** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  |  |  |  |  |  |
| (including middle name) |  |  |  |  |  |  |
| Alias Name |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| National ID No. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Date of Birth |  |  | Nationality |  |  |  |
| (dd/mm/yy) |  |  |  |  |  |
|  |  |  |  |  |  |
| Place of birth |  |  | Gender | ο Female ο Male |  |  |
|  |  |  |  |  |  |  |
| Marital status | ο Married | ο Single | ο Divorced | ο Widow |  |  |
|  |  |  |  |  |  |  |
| Spouse Name |  |  | Father’s Name |  |  |  |
|  |  |  |  |  |  |  |
| Mother’s Name |  |  | Driving License |  |  |  |
|  |  | Number |  |  |  |
|  |  |  |  |  |  |

**OTHER INFORMATION**

**Do you have relatives/friends working for High Commission of India?**

ο Yes ο No

If yes, please provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**

Current Address

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone | **Mobile Number** |  |  |
| (Landline) |  |  |  |  |
|  | **Email ID** |  |  |
|  |  |  |  |



Permanent Address

**EDUCATIONAL QUALIFICATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Institute/ | Duration |  |  |
| Examination/ | University/ | College/ | (from | Subjects studied/ | Marks/ |
| Degree | Board name | School | mm/yy to | Specialisation | Rank |
|  |  | name | mm/yy) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please use additional sheets if you have insufficient space.

**VOCATIONAL QUALIFICATION AND TRAINING (including soft skills or corporate training programmes attended)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Training courses and vocational qualification** | **Duration (from mm/yy to mm/yy)** |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **LANGUAGES KNOWN** |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 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 about |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | the organisation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Designation and |  |  |  |  |  |  | Job description (including key achievements) |  |
|  |  | department |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Duration (from mm/yy to |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | mm/yy) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Reason for leaving |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Last Salary Drawn |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | (complete break-up) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Reporting to (name & |  | Email id |  |  |  |
|  |  | designation) |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Mobile No |  | Office No. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | **Previous Employment** |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Name- and address |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Brief information about |  |  |  |  |  |
|  |  | the organisation |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Designation and |  | Job description (including key achievements) |  |
|  |  | Department |  |  |  |  |  |
|  |  | Duration (from mm/yy to |  |  |  |  |  |
|  |  | mm/yy) |  |  |  |  |  |
|  |  | Reporting to (name & |  |  |  |  |  |
|  |  | designation) |  |  |  |  |  |
|  |  | Reason for leaving |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Last Salary Drawn |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | Please use additional sheets if you have insufficient 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, KHULNA 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, KHULNA or its representative. I release all persons from liability on account of such disclosure.

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

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

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