Agrani College of Physiotherapy and Health Science

W-8, Nurjahan Road, Mohammadpur, Dhaka-1207
www.acphs.edu.bd

Photograph

Teacher Recruitment Application Form

Circular No: ---------- Date: ----------

Name of the Post : ----------

Department/Office : ----------

Full name of the Applicant : a) In Bengali: ----------

b) In English: ----------

2. a) Father's Name: a) In Bengali: ----------

b) In English: ----------

b) Mother's Name : (In Bengali) ----------(In English)----------

c) Spouse Name: (In Bengali) ----------(In English)----------

3. a) Date of birth (According to Secondary School Certificate): ----------

b) Age: (On last date of application submission)----------c) Place of Birth :----------

4. Permanent Address: (In Bengali) গ্রাম: ---------- পোঃ: ----------

উপজেলা: ----------জেলা: ----------

5. Permanent Address: (In English) Vill: ---------- Post Office: ----------

Upazilla: ---------- District: ----------

6. Present Address (In Bengali) : ----------

---------- Phone/Mobile: ----------

7. Present Address (In English) : ----------

---------- Phone/Mobile: ----------

8. Nationality: ----------9. Marital Status: ----------

10. Religion:----------

11. Educational Qualification (From Secondary School Certificate to higher degree):

Name of the Institutions	Period of Education		Name of the Exam	Result/GPA/ CGPA	Year of Passing	Course Studied
	From	To				

12. Description of any other course/Training Participated: (Additional papers may be enclosed) ----------

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13. List of Published publications/ books: (Additional papers may be enclosed)

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14. Name of Languages and Efficiency:

Name of Language	Efficiency (Excellent/good/poor)
a)	
b)	
c)	
d)	

15. Experience:

Institute/Organization name & type (Government/ Autonomous/ Private)	Name of the post & Scale	Period of Service/Research (with date)		Courses Taught
		From	To	

16. Are you bound to serve in any University/Educational Institute or other Organization for a certain period? Give √ mark. Yes No

17. Name & Address of Two referees who are familiar but not related by Birth or Marriage.

1.	2.

18. Bank Draft/Pay Order No: ----------Date----------

Amount: ---------- Name of the Bank ----------Branch ----------

19. Additional information (if any):

20. Quota Related information (if any):

Date: **(Signature of the Applicant)**

N.B:

1. Application with necessary papers should be sent to Principal, Agrani College of Physiotherapy and Health Sciences, W-8, Nurjahan Road, Mohammadpur, Dhaka- 1207 by hand to hand/by post/by courier during office time.
2. Incomplete application will be cancelled without any condition.