**Expo Group: Employee Profile for New HRMS Project**

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| **1. Employee Information:** | | | | | |
| 1.1 | Employee ID | INB017 | | | |
| 1.2 | Employee Full Name (as per SSC certificate) | MD. ASLAM BAGH | | | |
| 1.3 | Father Name (as per SSC certificate) | MD. RAHMAT BAGH | | | |
| 1.4 | Mother Name (as per SSC certificate) | MRS. MONOARA BEGUM | | | |
| 1.5 | Spouse Name |  | | | |
| 1.6 | Gender | MALE | 1.24 | Permanent Address | SHONAISHAR BEGH BARI |
| 1.7 | Religion | ISLAM | 1.25 | Permanent Address Thana/ Upazila | BURICHANG |
| 1.8 | Nationality | BANGLADESHI | 1.26 | Permanent Address District | COMILLA |
| 1.9 | National ID | 1911894000485 | 1.27 | Permanent Post Code | 3520 |
| 1.10 | Passport No |  | 1.28 | Home Phone | 01817068400 |
| 1.11 | PLACEOFPASSPORTISSUE |  | 1.29 | Mobile No | 01713856832 |
| 1.12 | PASSPORTISSUEDATE |  | 1.30 | Personal Email | mdaslambagh@gmail.com |
| 1.13 | PASSPORTEXPIREDATE |  | 1.31 | Internet Messenger |  |
| 1.14 | Date of Birth | 26/05/1995 | 1.32 | Internet Profile Link |  |
| 1.15 | Original Birth Day | 26/05/1995 | 1.33 | Blood Group | 0 POSSITIVE |
| 1.16 | BIRTHIDENTIFICATION |  | 1.34 | HEIGHT |  |
| 1.17 | Place of Birth (only District) | COMILLA | 1.35 | WEIGHT |  |
| 1.18 | MERITIAL STATUS | UNMARRIED | 1.36 | HOBBY |  |
| 1.19 | Date of Marriage |  | 1.37 | IDENTIFICATIONMARK |  |
| 1.20 | Present Address | Shahjadpur,Suvastu Nazar Valley,12f2,Dhaka-1212 | 1.38 | SIGNATURE |  |
| 1.21 | Present Address Thana/ Upazila | BADDA | 1.39 | PROFILEPICTURE |  |
| 1.22 | Present Address District | DHAKA | 1.40 | Is Autistic |  |
| 1.23 | Present Post Code | 1212 | 1.41 |  |  |

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| **2. Employment Information:** | | | | | |
| 2.1 | Attendance/ ID-Card No. | INB017 | 2.19 | Contract Start Date (if contractual) |  |
| 2.2 | Employee Type (Regular / Contractual / Casual) | REGULAR | 2.20 | Contract End Date (if contractual) |  |
| 2.3 | Company Name | INNOWEB LIMITED | 2.21 | JOININGPOST |  |
| 2.4 | BRANCH/Project | TEJGAO INDUSTRIAL AREA | 2.22 | Report To (Line Manager) |  |
| 2.5 | Division | DHAKA | 2.23 | Approver (BU Head / Dept. Head) |  |
| 2.6 | Facility/Sitting Location (job station) |  | 2.24 | Telephone Extension (official) |  |
| 2.7 | Section |  | 2.25 | Official E-mail |  |
| 2.8 | Department / Function | IT-APLICATION | 2.26 | Duties / JD |  |
| 2.9 | Grade | EXECUTIVE | 2.27 | Contact Address |  |
| 2.10 | Master Designation | SOFTWARE ENGINEER | 2.28 | Bank | DUTCH BANGLA BANK |
| 2.11 | Functional Designation | SOFTWARE ENGINEER | 2.29 | Bank Branch | MOHAKHALI |
| 2.12 | Function Job Role |  | 2.30 | Bank Account No |  |
| 2.13 | Offer Date | 05 AUGUST 2018 | 2.31 | PF No. |  |
| 2.14 | Employment Date | 06 AUGUST 2018 | 2.32 | GF No. |  |
| 2.15 | Confirmation Date | 06 FEB 2019 | 2.33 | TIN No. |  |
| 2.16 | Appointment Date | 06 FEB 2019 | 2.34 | Is Reserved |  |
| 2.17 | Job End Date |  | 2.35 | Is Field Force |  |
| 2.18 | Job End Type |  | 2.36 | Is OT Eligible |  |

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| 3. Employee Skills / Professional Qualification: | | | | | |
|  | Skill (Certification like: JAVA / PGDHRM / CACC / C++ / Six Sigma (Yellow Belt) ) | Institution | Duration | Passing Year | Result |
| 3.1 |  |  |  |  |  |
| 3.2 |  |  |  |  |  |
| 3.3 |  |  |  |  |  |

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| 4. Education: | | | | | | | | |
|  | Certificate | Group / Subject / Major | Institute | Year of completion | Result | BOARD | Result Status | Highest Education |
| 4.1 | S.S.C / Equivalent | SCIENCE | COMILLA MODERN HIGH SCHOOL | 2 | 5.00 | COMILLA |  |  |
| 4.2 | H.S.C / Equivalent | SCIENCE | COMILLA VICTORIA GOVERNMENT COLLEGE | 2 | 4.30 | COMILLA |  |  |
| 4.3 | Graduation / Equivalent | COMPUTER SCIENCE AND SOFTWARE ENGINEERING | AMERICAN INTERNATION UNIVERSITY-BANGLADESH | 4 | 3.02 | DHAKA |  |  |
| 4.4 | Post-Graduation / Equivalent |  |  |  |  |  |  |  |
| 4.5 | Others |  |  |  |  |  |  |  |

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| 5. Nominee Information: | | | | | | | | |
|  | Name | DATEOFBIRTH (MM/DD/YY) | NATIONAL ID / Birth Certificate No. | Relationship Name | Occupation | ADDRESS | PHOTO | OFSAHRE (%) |
| 5.1 |  |  |  |  |  |  |  |  |
| 5.2 |  |  |  |  |  |  |  |  |
| 5.3 |  |  |  |  |  |  |  |  |
| 5.4 |  |  |  |  |  |  |  |  |

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| 6. Reference Information: | | | | | |
|  | Reference Type (Relative / Academic / Professional / Other) | Reference Name | Reference Occupation | Reference Mobile | Reference Address |
| 6.1 |  |  |  |  |  |
| 6.2 |  |  |  |  |  |

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| 7. Emergency Contact Information: | | | | |
|  | Contact Name | Contact Relation | Contact Cell No. | Contact Address |
| 7.1 | MRS. SHAHERA JAMAL | SISTER | 01817068400 | BADURTALA,COMILLA |
| 7.2 | MRS. MONOARA BEGUM | MOTHER | 01818351462 | SHONAISHAR,COMILLA |

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| 8. Membership of Professional Society: | | | | |
|  | Membership Name | Activity | Start Date | End Date |
| 8.1 |  |  |  |  |
| 8.2 |  |  |  |  |
| 8.3 |  |  |  |  |

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| 9. Employment History: | | | | | | |
|  | Designation / Position | Company Name | From Date | To Date | Achievement (if any) | Year of Experience |
| 9.1 |  |  |  |  |  |  |
| 9.2 |  |  |  |  |  |  |
| 9.3 |  |  |  |  |  |  |
| 9.4 |  |  |  |  |  |  |
| 9.5 |  |  |  |  |  |  |
| 9.6 |  |  |  |  |  |  |

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| 10. Contract Renew Information: | | |
|  | Contact Start Date | Contact End Date |
| 10.1 |  |  |
| 10.2 |  |  |
| 10.3 |  |  |
| 10.4 |  |  |
| 10.5 |  |  |

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| 11. Exit Employee Information: (if re-joined) | | | |
|  | Job End Date (Last Working Date) | Job End Type (Resignation / Retirement / Termination / Dismissal / Other) | Status |
| 11.1 |  |  |  |
| 11.2 |  |  |  |

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| 12. Training Information/ Record: | | | | | | | |
|  | Training Recommended By  (TNA / PIP / IDP / Line Manager / Self / Other) | Name Of Training (as per training certification) | Name of Institution (Training Provided By) | Training Performance / Result | From Date | To Date | Duration (Day / Hour) |
| 12.1 |  |  |  |  |  |  |  |
| 12.2 |  |  |  |  |  |  |  |
| 12.3 |  |  |  |  |  |  |  |
| 12.4 |  |  |  |  |  |  |  |
| 12.5 |  |  |  |  |  |  |  |
| 12.6 |  |  |  |  |  |  |  |
| 12.7 |  |  |  |  |  |  |  |
| 12.8 |  |  |  |  |  |  |  |
| 12.9 |  |  |  |  |  |  |  |
| 12.10 |  |  |  |  |  |  |  |

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| 13. Cost Centre Information: | | |
|  | Cost Centre Code (if any) / Name of BU | Cost Share Ratio (%) |
| 13.1 |  |  |
| 13.2 |  |  |
| 13.3 |  |  |
| 13.4 |  |  |
| 13.5 |  |  |
| 13.6 |  |  |
| 13.7 |  |  |
| 13.8 |  |  |
| 13.9 |  |  |
| 13.10 |  |  |
| Total = | | 100% |

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| 14. Asset Handover Information: | | | | |
|  | Asset Name | Asset Description | Issue Date | Status |
| 14.1 |  |  |  |  |
| 14.2 |  |  |  |  |
| 14.3 |  |  |  |  |
| 14.4 |  |  |  |  |
| 14.5 |  |  |  |  |
| 14.6 |  |  |  |  |
| 14.7 |  |  |  |  |
| 14.8 |  |  |  |  |
| 14.9 |  |  |  |  |
| 14.10 |  |  |  |  |

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| 15. Insurance Information (if applicable for Group Life / In-Patient / Out-Patient) : | | | | | |
|  | Relationship Name | Name | Date of Birth (MM/DD/YY) | PHOTO | Activation Status |
| 15.1 | Employee Self |  |  |  | Active |
| 15.2 | Spouse |  |  |  | Active |
| 15.3 | Son/Daughter-1 |  |  |  | Active |
| 15.4 | Son/Daughter-2 |  |  |  | Active |
| 15.5 | Son/Daughter-3 |  |  |  |  |
| 15.6 | Son/Daughter-4 |  |  |  |  |
| 15.7 | Father |  |  |  |  |
| 15.8 | Mother |  |  |  |  |