



AKSID
CORPORATION

AKSID CORPORATION LIMITED

EMPLOYEE INFORMATION

Please fill in all information with as much detail as possible.

All data will be kept strictly confidential by the HR department. Thank you for your cooperation.

EMPLOYEE SECTION

PERSONAL DATA	
Full Name <small>(with Title Mr, Mrs, Miss, Ms)</small>	
Date of Birth (Certificate)	Date of Birth (Original)
Place of Birth	Country of Birth
Nationality	Religion
Blood Group	Mobile No
Email	National ID
Passport No	TIN No
Driving License	<i>Please attach a copy of your NID/Passport/TIN/Driving License Copy</i>

MARITAL STATUS	
Single <input type="checkbox"/>	Married <input type="checkbox"/>
Divorced <input type="checkbox"/>	<i>Please mark the correct one</i>
Number of Children	<input type="text"/>

FAMILY RELATED PERSON (Spouse)	
Full Name	Occupation
Address	Birthplace
Country of Birth	Nationality
Mobile No	Email

FAMILY RELATED PERSON (Parents)	
Full Name	Relationship
Birthplace	Country of birth
Nationality	Mobile No
Full Name	Relationship
Birthplace	Country of birth
Nationality	Mobile No

FAMILY RELATED PERSON (Children)	
Full Name	Date of Birth
Birthplace	Country of Birth
Nationality	NID/Birth Certificate/Passport No

Full Name	Date of Birth
Birthplace	Country of Birth
Nationality	NID/Birth Certificate/Passport No
Full Name	Date of Birth
Birthplace	Country of Birth
Nationality	NID/Birth Certificate/Passport No
Full Name	Date of Birth
Birthplace	Country of Birth
Nationality	NID/Birth Certificate/Passport No

PRESENT ADDRESS	
Village/House No	Road/Block/Area/Sector
Post Office	Post Code
Police Station	District
PERMANENT ADDRESS	
Village/House No	Road/Block/Area/Sector
Post Office	Post Code
Police Station	District

EMERGENCY CONTACT	
Full Name	Relationship
Address	Mobile No
Home Phone No	Email

REFERENCE (ORGANIZATIONAL/EDUCATIONAL)	
Full Name	Designation
Organization	Relationship
Address	Mobile No
Email	
Full Name	Designation
Organization	Relationship
Address	Mobile No
Email	

EMPLOYMENT HISTORY (Before Joining)		<i>Please attach a copy of your Experience certificate(s)</i>
Previous Employer		
Company Name		
Job Title		Type of Industry
Job Period (dd/mm/yy)	From	To
Address:		

Company Name	
Job title	Type of industry
Job Period (dd/mm/yy) From	To
Address:	
Company Name	
Job title	Type of industry
Job Period (dd/mm/yy) From	To
Address:	

PROFESSIONAL TRAINING (most recent and important)		Please attach a copy of your certificates
Training Title		
Institute Name	Trainer Name	
Duration	Vanue	
Training Title		
Institute Name	Trainer Name	
Duration	Vanue	
Training Title		
Institute Name	Trainer Name	
Duration	Vanue	

PROFESSIONAL QUALIFICATION		Please attach a copy of your certificate
Exam Title		
Institute Name	Concentration	
Result	Result Published Date	
Address		

EDUCATIONAL QUALIFICATION (most recent)		Please attach a copy of your certificate
Exam Title		
Institute Name	Concentration/Major	
Result	Result Published Date	
Address		
Exam Title		
Institute Name	Concentration/Major	
Result	Result Published Date	
Address		

Exam Title	College Name
Group	Result
Result Published Date	Board
Address	
Exam Title	School Name
Group	Result
Result Published Date	Board
Address	

LANGUAGES

Language	Reading			Writing			Speaking		
1. English	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair
2. Bangla	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair
3. Chinese	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair
4. Others _____	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair

By signing this document, I certify that all information provided on this form is true and complete to the best of my knowledge.

Signature _____ Date _____

Fingerprint of Right and Left Thumb -----

HUMAN RESOURCES SECTION

ADDITIONAL DATA

Designation	
Employee ID number	Start/Joining Date (dd/mm/yy)
Type of contract (Please mark the correct one) <input type="checkbox"/> Temporary <input type="checkbox"/> Contract Based <input type="checkbox"/> Permanent	