

#### **JOB APPLICATION FORM**

# **Personal Details:**

Name		Shawon Kumar Paul		
Father's Name		Prokash Chandra Paul		
Mother's Name		Suporna Rani Paul		
Date & Place of Birt	h	30-09-1995, Kalyani,Sherpur, Bogura		
Gender: V/ F Marital Sta		atus: Single / Married	No. of Children:	
Present Address		H#52,R#5,DIT Project,Merul Badda, Dhaka		
Permanent Address (if different)		C/O:Prokash Paul,Vill:Kalyani, Post:Kalyani, Post Code:5840, Thana:Sherpur, Dist:Bogura		
Telephone No. (home):		Telephone No. (office):	Mobile Phone No.:	
			+8801751454618	
Present Employer				
Present Designation & Level				

# Academic Qualification: (Starting with your highest degree)

Degree	Year of Passing	Educational Institution	Results/ Grades	Major
B.Sc.	2018	RUET	2.89/4.00	EEE
H.S.C.	2012	New Govt. Degree College, Rajshahi	5.00/5.00	Science
S.S.C.	2010	Kalyani High School, Sherpur,Bogura	5.00/5.00	Science

# Professional Qualification (i.e. CA, CMA, PGD, etc):

	Course	Duration	Place
1.	LICT	40 Hours	RUET
2.	MATLAB Onramp	14 Days	MathWorks
3.			



# **Employment Record:**

Have You been in contact with us before? (If yes, state the case)	)
---	---

\_\_\_\_\_

Starting with your present or last employer; please list briefly ALL employers:

Date From To		Employer's Name	Title	son for Leaving
				Son for Leaving

#### **Salary and Benefits Information:**

#### **Salary information:**

Components	Monthly Amount
Basic	
House Rent Allowance	
Transportation/Conveyance	
Medical Allowance	
Total Gross:	

# Other Allowances:

Components	Please Specify if its Monthly or Yearly with brief description	Amount	
Festival Bonus			
Performance Bonus			
Overtime (rate & ceiling)			
Mobile ceiling (If you are from Telecom Operator mention only the offnet ceiling) Others allowances: please mention below			
please mention below			



#### **Other Benefits:**

Components	Yes/No		Description
Life insurance			
Medical insurance			
Pick & Drop			
Provident Fund			
Gratuity			
Leave facility (Mention the number of days)		Casual- Annual-	Sick- Other-
Subsidized Meal			
Other Benefits please mention below			

What is your period of notice to join :Anytime	
Expected Gross Salary from Fiber@Home Ltd.:	
I agree to sign 2 (Two) years on job training bond (Applicable upto Sr. Manager Level):	NC
Do you agree to work permanently at F@H office located at BHTP, Gazipur, Kalikoir: V/S / NC	)
Summary of Medical History	

Do you have any diseases mentioned below? Please tick below in the box mentioned (Yes/No)

Disease	Yes	No	Disease	Yes	No
Kidney		<b>/</b>	Liver		
Heart		<b>\</b>	Eyes		
Asthma, bronchitis, pneumonia or any other lung disorder (if yes please mentione the name of disease in the yes box)		<b>&gt;</b>	Any other Disease where  1. Allergy	nich is no	t mention
Tuberculosis (TB)		<b>\</b>	2. 3.		

Do you currently have an illness or take any prescribed medication: YES/\square
if yes please give details:

Have you had or are you waiting to have any major surgery? YES /\subseteq \( \)
If "yes" please give details ((including dates, type of surgery, date and any other relevant information)

Do you have any physical constraint suggested by doctor which will impact in applied job role: YES / you lif "yes" please give details:



<u>Foreig</u>	n Language(s):			
Langua	age	Written	Spoken	Reading
A)	English	Good	Good	Good
B)				_
C)				
<u>Future</u>	Plans:			
Iob I o	cation Mentioned in Jol	n Circular: BHTP.	,Gazipur,kalikoir	
Do you	have any constraint to	be located/posted	outside of mentioned Job	Location: YES / Wo
Othor	Information:			
		rking in Fiher@Hon	ne Ltd./ Internet Service P	roviders (eg. Link3 BOL
-	•	-	f yes, please mention his,	
	ation, location and <b>you</b>		yes, piease memori ms,	rici name, acpartment,
design	ation, location and <b>you</b>	r relationship.		
Refere	uncoc:			
		nizations designation	ns, mobile contact numb	ers and addresses of (2)
	ss references:	iizations, designatio	ins, mobile contact number	ers and addresses or (2)
	ting Employer		2. Immediate Previous En	nnlover
I. LAIS	ing Employer		2. IIIIII calate i revious En	iipioyei
Ackno	wledgement & Declara	tion:		
Please	Read carefully before	you sign.		
1.	I understand that rece	eipt of this application	on does not mean that I w	ill be employed
2.	I hearby declare tha	at the statements	contained in this form a	are, to the best of my
	•		respect, and that no m	•
	missrepresented, with			
3.	I understand that I w	ill be subject to im	mediate dismissal or refus	sal to hire if at any time
		-	tion, ommision, or misre	
	this application	,		•
4.		I am medically fit	to carry out my job respo	onsibilities if I am finally
	selected by Fiber@Ho		, ,, ,	,
5.	• -		d., I agree to comply with	all rules and regulations
		•	iber@Home Ltd. has the	
	and regulations at any		_	5 0
		•		
My sig	nature certifies that I h	nave read and agree	e with the above stateme	nts.
Signati	ure of applicant:S	nawon_ faul	Date: _14-	09-2021

All information acquired through this application process will be used by Fiber@Home Ltd. solely for the determination of the applicant's qualificatios for employment.