

# Excel Technologies Ltd.

## Personnel Information Form

Form No.: HRD/FORM/001  
Effective Date: 12-Apr-17

Review Date: .....

### Employment Information (Office use only)

Employee Name	Md Arif Ahammed Reza				E. Code	
Designation			Department			
Section			Unit			
Job Category	<input type="checkbox"/> Permanent <input type="checkbox"/> Contractual	Job Type	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Job Grade		
Joining Date			Confirmation Date			
Work Location		Office Name			Area Name	
Supervisor's Name				Designation		
Authority Person/ Department Head Name				Designation		

**Instructions:** Please read carefully and fill in each section clearly & completely in own hand writing.

### Part A: Personal Information

Certificate Name	Md Arif Ahammed Reza			Nick Name	Reza
Father's Name	Md Aminur Rahman		Mother's Name	Mst Amina Begum	
Sex	Male	Date of Birth	4/12/200	Place of Birth	Joypurhat
Nationality	Bangladeshi		Religion	<input type="checkbox"/> Islam <input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Other.....	
Blood Group			Height	Weight (kg)	
Marital Status		Marriage Date		No. of Children	Son:                      Daughter:
Contact Ph. No.				e-mail	

### Part B: Address Details

Contact/ Mailing		Residence		Permanent	
Holding No:		Holding No:		Holding No:	
House Name:		House Name:		House Name:	
Road No.		Road No.		Road No.	
Road Name:		Road Name:		Road Name:	
Vill. / Area:		Vill. / Area:		Vill. / Area:	
Ward No.:		Ward No.:		Ward No.:	
Union:		Union:		Union:	
Post Office:		Post Office:		Post Office:	
Thana:		Thana:		Thana:	
District:		District:		District:	
Division:		Division:		Division:	
Telephone:		Telephone:		Telephone:	

**Part C: Identification Supporting**

ID Type	ID Number	Issue/ Renew Date	Date of Expiry
<input type="checkbox"/> Passport			
<input type="checkbox"/> National ID Card			
<input type="checkbox"/> Birth Certificate			
<input type="checkbox"/> Driving License			
<input type="checkbox"/> TIN			

**Part D: Educational Qualification**

Name of the Degree	Major/ Group	Name of the Institute	Board/ University	Session		Passing Year	Division/ GPA (out of scale)
				From	To		

**Part E: Professional Qualification**

Course Title	Name of the Institute	Location	Duration		Result
			From	To	

**Part F: Employment History** (Please write most recent or present position first)

Job Title/ Position Held	Name of the Organization	Industry Type	From	To	Length of Service

**Part G: Family Details (Dependant only)**

Family Member's Name	Relationship	Date of Birth	Occupation

**Part H: Contact Person in case of emergency (Preferably relative)**

Name:		Name:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Designation:		Designation:	
Office Address:		Office Address:	
Contact Ph.:		Contact Ph.:	
<b>Permanent Address:</b>		<b>Permanent Address:</b>	
Holding No:		Road No.	
Holding No:		Road No.	
House Name:		House Name:	
Road Name:		Road Name:	
Vill. / Area:		Vill. / Area:	
Ward No.:		Ward No.:	
Union:		Union:	
Post Office:		Post Office:	
Thana:		Thana:	
District:		District:	
Division:		Division:	

**Part I: References**

Name:		Name:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Designation:		Designation:	
Office Address:		Office Address:	
Contact Ph.:		Contact Ph.:	
<b>Permanent Address:</b>		<b>Permanent Address:</b>	
Holding No:		Road No.	
Holding No:		Road No.	
House Name:		House Name:	
Road Name:		Road Name:	
Vill. / Area:		Vill. / Area:	
Ward No.:		Ward No.:	
Union:		Union:	
Post Office:		Post Office:	
Thana:		Thana:	
District:		District:	
Division:		Division:	

**Part J: Disease & Accident (if any)**

Details	From	To

**Part K: Hobby and Extra Curricular Activities (If any)**

Hobby	Extra Curricular Activities

**Part L: Training Record**

Training Title	Name of the Training Institute	Duration		Nominated/ Sponsored by	Certificate Received
		From	To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part M: Professional Membership / Affiliation**

Membership Title	Name of the Membership Organization	Obtain On	Valid Up to

**Part N: Declaration**

I certify that all information/ statements made by me in this form are true, complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of the person & Date

.....  
**Checked by** (office use only):

Name & Designation: .....

Signature & Date: .....