

**Resource Integration Centre (RIC)**  
**P E R S O N A L H I S T O R Y F O R M**  
 (Every employee is required to fill up this form)

Scan of Employee NID

Employee Photograph

Ref. No. of Appointment Letter: \_\_\_\_\_

Date of Appointment Letter \_\_\_\_\_

Date of Joining: \_\_\_\_\_

Empl# \_\_\_\_\_ Designation \_\_\_\_\_ Grade/Step \_\_\_\_\_

Code Number of Zone  Area  Branch 

Name of Working Place: Zone/Area/Branch/Others: \_\_\_\_\_ Zone \_\_\_\_\_ Area \_\_\_\_\_ Branch \_\_\_\_\_

Name of Employee (English BLOCK LETTER): \_\_\_\_\_

(as per NID)

Name of Employee (Bangla): \_\_\_\_\_

(as per NID)

1. Father's Name (English BLOCK LETTER): \_\_\_\_\_

(as per NID)

Father's Name Bangla (in clear letter): \_\_\_\_\_

(as per NID)

2. Mother's Name (English BLOCK LETTER): \_\_\_\_\_

(as per NID)

Mother's Name Bangla (in clear letter): \_\_\_\_\_

(as per NID)

**3. Permanent Address (Eng. & Beng):**
 Village: \_\_\_\_\_  
 Post Office: \_\_\_\_\_  
 Upazila: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Division: \_\_\_\_\_

Personal Cell # \_\_\_\_\_ Office Cell # \_\_\_\_\_

**4. Present Address (Eng. & Beng):**

Emergency Phone (if necessary) \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ 6. Place of Birth \_\_\_\_\_ 7. Nationality \_\_\_\_\_

8. Religion \_\_\_\_\_ 9. Blood Group \_\_\_\_\_ 10. NID # \_\_\_\_\_

11. Birth Registration &amp; Date \_\_\_\_\_ 12. TIN # \_\_\_\_\_

13. Height \_\_\_\_\_ 14. Weight \_\_\_\_\_ 15. Sex Male  Female 16. Marital Status: Single  Married  Separated  Divorced 

if married \_\_\_\_\_

Spouse Name

Date of Marriage

Date of Separated

**17. Mode of Recruitment:**

Advertisement (Name of News Paper with Date)	Name of through Reliable Source (details)	Others (specific)

**18. Reference for Recruitment: (who are not familiar with you & by whom Present to Previous)**

Full Name

Full Address with Telephone/Mobile

Business or Occupation of Job Title

**19. Information of Family Members (parents, spouse, children and unmarried sibling)**

Full Name	Date of Birth	Relationship

**20. Have you any relatives working in RIC**

Yes/No

If 'Yes' state name, designation, project name, place of posting, relationship. Attached separate page if necessary

Name	Designation	Name of Project	Place of Posting	Relationship

**21. Guarantor Information:**

Name	Relationship	Occupation	Where Employed	Permanent Address	Scan-NID of G.	Scan Picture of Guarator

**22. Nomination Details** (I hereby declare that in the event of my death the following persons will be the recipient of the deposited amount according to the allocated share mentioned herein below):

Name & Address of the nominee(s)	Date of Birth	Relationship with the employee	Number of NID/Birth Certificate	Percentage of share (%)	Photograph of the Nominee(s)

**23. Language Known (list mother tongue first)**

Name of Language Known (mother tongue first)	Read	Write	Speak	Understand
	Easily Fairly Not Easily	Easily Fairly Not Easily	Easily Fairly Not Easily	Easily Fairly Not Easily
Mother Tongue (Bangla)				
English				
Others				

**24. Education Qualification (give full details in chronological order) From Lower to Higher (From SSC)**

Name of Exam.	Name & Address of the Institution	Year of Passing	Div./ GPA	Group	Main Course of Study

**25. Professional qualifications/technical or specialized training obtained, including membership in professional bodies (Attached separate page if necessary) Yes/No**

Course Name/Title	Duration (Date-Month-Year)	Organized by	Venue/Place

**26. Employment Record (Before working at RIC) Give detailed description of your work on your last two jobs, starting with the most recent job. Attached additional pages of the same size, if necessary. Yes/No**

Name and Address of Organization	Position Held	Period		Salary	Reason for leaving	Main Responsibility
		From	To			

**27. Employment Record of current employment formerly employed at RIC Give detailed description of your work on your last two jobs, starting with the most recent job. Attached additional pages of the same size, if necessary. Yes/No**

Last working place (Zone/Area)	Branch (if)	Held Last Position	Period		Reason for leaving	Main Responsibility
			From	To		

**28. Have you ever suffered from any serious disease (Infectious Diseases/Cancer/any operation etc.) Yes/No**

If yes, enter the details:

**29. Do you have a driving License** Yes/No if yes License # \_\_\_\_\_ Validity \_\_\_\_\_

**30. Do you have a Passport** Yes/No if yes Passport # \_\_\_\_\_ Validity \_\_\_\_\_

**31. Others:**

a. What do you do for your recreation?	
b. What are your hobbies?	
c. List your extra curricular activities:	

I, hereby, declare that all information provided above is correct. If any information is found wrong/false/fake, I'm obliged to any decision or legal steps taken by the authority of the organization.

\_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Data Sheet Recipient \_\_\_\_\_

Work Place: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_