

**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<br>Fairly<br>Not Easily | Easily<br>Fairly<br>Not Easily | Easily<br>Fairly<br>Not Easily | Easily<br>Fairly<br>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: |  |

| <b>38. Service Information in RIC: Date of Joining, All Promotional Date, Name of all Promotional Designation, All Transferable Place &amp; Branch (Recent to previous)</b> |                            |                |                            |                        |
|---|----------------------------|----------------|----------------------------|------------------------|
| Name of Position  | Name of Project Department | Effective Date | Name of Posting Area/Place | Name of Posting Branch |
|   |                            |                |                            |                        |
|   |                            |                |                            |                        |
|   |                            |                |                            |                        |
|   |                            |                |                            |                        |
|   |                            |                |                            |                        |
|   |                            |                |                            |                        |
|   |                            |                |                            |                        |

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that my misrepresentation or material omission made on a Personal History Form or other document requested by the organization renders a staff member liable to dismissal

Place:

Date:

Signature of Candidate/Employee

| B. Other (Purpose of Organization's Motorcycle)         |    |                            |               |               |
|---|----|----------------------------|---------------|---------------|
| Name of Brand of Motorcycle                             | CC | Plate Number of Motorcycle | Engine Number | Chesis Number |
|   |    |                            |               |               |
|   |    |                            |               |               |
|   |    |                            |               |               |
| Receiving Date (from Organization or any Employee):     |    |                            |               |               |
| If Paid Date, If not paid Balance due after December'14 |    |                            |               |               |

**Attached with this form if you not attached before:**

1. Photocopy of all educational certificate
2. Photocopy of Training receiving certificate
3. Chainman/Mayor Certificate of Union/Pourashava
4. Birth Certificate
5. Photocopy of National ID Card
6. Photocopy of Driving License
7. Blue Book of Motorcycle
8. Recent 1 copy Passport Size Photograph

**\*\* Illegible writing & Incomplete Form will not be accepted. If necessary use additional page as per equal size.**

updated date: 22.10.2023