

ASSISTANT HIGH COMMISSION OF INDIA, SYLHET APPLICATION FORM

Please read **INSTRUCTIONS** below before filling up the form:

1. This form comprises an essential part of the selection process, based on which candidates will be short-listed for an interview and physical test.
2. You are requested to fill all required details carefully.
3. Please forward duly filled application form by email to hoc.sylhet@mea.gov.in or in a sealed envelope by post to following address by **16th May, 2024**.

Head of Chancery, Assistant High Commission of India, House No. 40, Road No. 2, Block E, Shahjalal Uposhohor, Sylhet, Bangladesh

4. Please enclose 2 passport size recent photographs with application form.
5. The envelope should clearly mention the post/ position applied for.
6. Any application received after due date will be summarily rejected.
7. Any false statement or omission may render you liable to action, which may include disqualification of your application. In case you are offered employment or are appointed, this may also lead to your appointment being withdrawn or to your dismissal.
8. Application may be submitted in the prescribed format only. Application in format, other than the prescribed one, will liable to be rejected.

Position Applied for _____

PERSONAL DETAILS

Full Name (including middle name)			
Alias Name			
National ID No.			
Date of Birth (dd/mm/yy)		Nationality	
Place of birth		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
Spouse Name		Father's Name	
Mother's Name		Driving License Number	

EMPLOYMENT DETAILS

(Please provide details of your work experience starting with the current employment)

CURRENT EMPLOYMENT

Name and address			
Brief information about the organisation			
Designation and department		Job description (including key achievements)	
Duration (from mm/yy to mm/yy)			
Reason for leaving			
Last Salary Drawn (complete break-up)			
Reporting to (name & designation)		Email id	
Mobile No		Office No.	

Previous Employment

Name- and address			
Brief information about the organisation			
Designation and Department		Job description (including key achievements)	
Duration (from mm/yy to mm/yy)			
Reporting to (name & designation)			
Reason for leaving			
Last Salary Drawn			

Please use additional sheets if you have insufficient space.

MEDICAL HISTORY

Please provide details of major health disabilities (covering congenital disorders, physical or mental disabilities of any sort, or any other prolonged/contagious illness):

I declare that the information given in this form is true and complete to the best of my knowledge and belief. I understand that any false statement or omission may render me liable to action, which may include dismissal from employment, if I get this job.

I hereby authorise ASSISTANT HIGH COMMISSION OF INDIA SYLHET or it's representative to verify information provided in my resume and job application form to conduct enquires as may be necessary at its discretion.

Signature: _____

Date: _____

Place: _____