

UNIVERSITY OF CHITTAGONG
PERSONNEL INFORMATION

Employee Code: Sex: Religion:

Name of Employee: Designation:

Father's Name:

Mother's Name:

<u>PRESENT ADDRESS</u>	Date of Birth:
	Nationality:
	Marital Status:
	Blood Group:
<u>PERMANENT ADDRESS</u>	Date of Joining:
	Date of Confirmation:
	Service Length:
	Bank A/C Number:

NOMINEES						
NAME OF NOMINEE	PERCENTAGE					
	RELATION WITH EMPLOYEE	PNSN.	P.F.	B.F.	INSU.	OTHERS
A.						
B.						
C.						
D.						
E.						

REMARKS:

Witness: (1)

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(2)

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Signature of Employee

Dated:

COUNTER SIGNED
HEAD OF OFFICE/DEPT.
Ref. Syndicate No.363, Senate-13