

# Chattagram International Medical College & Hospital

323/434, Haji Chand meah road, Shamser Para, Chandgoang, Chittagong

## Application Form for Occupational Therapist

Date:

Application for the post of \_\_\_\_\_ Department: \_\_\_\_\_

Name:.....

Date of Birth : ..... Age :.....Years.....Months.....Days

Contact No..... E-mail: .....

RNM/Reg No.....NID/Birth Certificate No.....

### • Educational Qualification

Examination	Subject/ Group	Institution	Board/University	Passing Year	Result

### Experience:

Name of Organization	Designation	Duration	From & To

### • Extra Qualification

Name of Course/Program	Subject	Institution	Duration	Total Credit/Marks	Remarks

• **Language Proficiency:**

Language	Writing	Reading	Speaking

Write: Excellent, good, fair, weak, nil (as the case may be)

• **Personal Details:**

Father's Name: \_\_\_\_\_

Husband's/Spouse's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Blood Group: \_\_\_\_\_

**Present Address:** C/O: \_\_\_\_\_ Village: \_\_\_\_\_

Post Office: \_\_\_\_\_ Post Code: \_\_\_\_\_ Ward/Union \_\_\_\_\_

Police Station: \_\_\_\_\_ District: \_\_\_\_\_

**Permanent Address:** C/O: \_\_\_\_\_ Village: \_\_\_\_\_

Post Office: \_\_\_\_\_ Post Code: \_\_\_\_\_ Ward/Union \_\_\_\_\_

Police Station: \_\_\_\_\_ District: \_\_\_\_\_

**Computer Literacy:** \_\_\_\_\_

• **Names and address of 2(two) referees who are not your relatives:**

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**Documents Enclosure**

1. Color Photo 4 Pieces
2. Photo Copy of All Academic Certificates
3. Experience Certificates (if any)
4. National ID/Birth Certificate

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**Name & Signature of the Applicant**