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| Download Date: | Ministry of Planning  Statistics and Informatics Division  Administration-1Section | Photo |

Short PDS of Officer

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| Govt. ID: | Name:(Eng.):  (Capital letter) | Name:(Bang): |
| Cell No: | E-mail: |
| NID: | | |
| Passport No. | | |

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| General Information: | | | | | |
| Father’s Name | : |  | Mother’s Name | : |  |
| Date of Birth | : |  | PRL Date | : |  |
| Position | : |  | Home District | : |  |
| Designation | : |  | Office | : |  |
| First Appointment Order Date | : |  | First Joining Date | : |  |
| Cadre |  | BCS (Statistical): Batch: | Joining Date: | | |
| Encadre (By Promotion): | Joining Date: | | |
| Non-Cadre | : | Direct PSC Recruit: | Joining Date: | | |
| Appointment from BCS Non-Cadre: | Joining Date: | | |
| By Promotion: | Joining Date: | | |
| Absorbed from Project:  (Project Name) | Joining Date: | | |
| Service Confirmation  G.O. Date | : |  | | | |
| Sex | : |  | Religion | : |  |
| Marital Status | : |  | Blood Group | : |  |

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| Posting Records: | | | | | | |
| Designation | Office | Location | Order Date | Joining Date | Release Date | Duration |
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| Spouse Information: | | | | | | | | | | | |
| Name | : |  | Home District | : |  | Occupation | : |  | Organization | : |  |

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| Address: | |
| Permanent Address | Present Address |
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| Education: | | | | | | |
| Degree | Year | Result | Subject | GPA/CGPA | Institution | Distinction |
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| Local Training (Mandatory): | | | | | |
| Course Title | Institution | Starting Date | Ending Date | Duration | Distinction |
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| Local Training (Optional/Others): | | | | | |
| Course Title | Institution | Starting Date | Ending Date | Duration | Distinction |
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| Foreign Training/Visit: | | | | | |
| Course Title | Institution/Country | Starting Date | Ending Date | Duration | Remarks |
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| Posting Records: | | | | | | |
| Designation | Office | Location | Order Date | Joining Date | Release Date | Duration |
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| Promotion to 9th Grade (if necessary): | | | |
| Prior Position | Promotion Date | Promoted Post | Joining Date |
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| Disciplinary Action/Criminal Prosecution: | | |
| Nature of Offence | Punishment | Date |
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| --- | --- | --- |
| Emergency Contact Person’s Details: | | |
| Name | Relationship | Address: |
| Cell No. |

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| --- |
| Expertise Field: |
|  |