



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
Government of the People's Republic of Bangladesh  
বাংলাদেশ সচিবালয় ক্লিনিক, ঢাকা।  
Bangladesh Secretariat Clinic, Dhaka  
E-mail: sc@cs.dghs.gov.bd

Photo  
55×45 mm

## Employee information form for health ID.

ID No:

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(Only for the Employees of Bangladesh Secretariat).

Name: \* .....

Father's Name: \* ..... Mother's Name: .....

Mobile Number: \* .....

Category: \*  Permanent (Employees of Bangladesh Secretariat) |  Others

### EMERGENCY CONTACT: -

Name: \* ..... Relationship: \* ..... Mobile: \* .....

### DEMOGRAPHICS: -

Date of Birth \* 

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 Gender: \* Male  | Female

National ID No: \* (17 digits) 

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Secretariat ID No: \* 

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Designation \* .....

Name of the Department (if any) .....

Name of Ministry \* .....

Working Place: \* .....

### DEPENDANCE INFO: -

	Name	Relation	NID/Birth Reg Number
a)			
b)			

\* Marks fields are mandatory!

\* Please attach your Secretariat Digital ID & NID Photocopy.

\* If you want to add dependence, attach the copy of NID/BRN

Approved

Applicant Signature