



APPLICATION FOR CAAB ID CARD

Attach one attested
passport size
photographs

(FOR CAAB EMPLOYEE ONLY)

INITIAL ISSUE		RE-ISSUE DUE TO				TYPE OF EMPLOYMENT			
		LOSS/ THEFT		DEFACE		PROMOTION		CAAB	ON DEPUTATION

PART A: PERSONAL INFORMATION OF THE APPLICANT

FULL NAME (In Block Letter)			
FULL NAME (Bengali)			
FATHER'S NAME			
MOTHER'S NAME			
NAME OF SPOUSE			
NATIONALITY			
PERMANENT ADDRESS			
PRESENT ADDRESS			PLACE OF BIRTH
			DATE OF BIRTH
NATIONAL ID NUMBER			HEIGHT (IN CENTIMETRE)
VISIBLE IDENTIFICATION MARKS			BLOOD GROUP
TELEPHONE	MOBILE	E-MAIL	

PART B: OFFICIAL INFORMATION

NAME & ADDRESS OF THE OFFICE			
RANK/ DESIGNATION			
PREVIOUS PLACE OF POSTING	ID NUMBER		
DATE OF JOINING ,CAAB	PRESENT PLACE OF POSTING		
TELEPHONE	DATE OF RETIREMENT		
PREVIOUS CARD NUMBER (In case of re-issue)	E-MAIL (IF ANY)		

PART C: CERTIFICATE BY THE APPLICANT

I _____ do hereby certify the following:

- a) The above information given by me is true.
- b) The CAAB ID card will be used by me.
- c) In case of loss/theft, I shall immediately report the matter to the issuing authority.

Date: ____/____/____

Signature of the applicant

PART D: RECOMMENDATION OF UNIT/ DIVISION HEAD

Certified that Mr./Ms. _____ is a regular/ on deputation/contractual/casual/ daily wages employee of civil aviation authority of Bangladesh and working under me. I recommend to issue /renew a CAAB ID Card to the applicant.

Date: ____/____/____

Signature with Name, designation &
Official seal of the head of the unit/division

PART E: REMARKS OF THE APPROVING AUTHORITY

Application is approved/not approved for issue of **CAAB ID CARD** to **Mr./Ms.** _____

Verified by

Date: ____/____/____

Name, Signature, Designation & Official Seal of
the Approving Authority.

Date: ____/____/____

This form should be typed. Mark (X) in the appropriate box.
Date format: dd/mm/yyyy