



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	COTRACTUAL	DAILY WAGES/ CASUAL

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	EMPLOYEE ID NUMBER (EIN)		
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:

- The above information given by me is true.
- The CAAB ID card will be used by me.
- Incase 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