

Official Information:

Name : Md. Siful Howlader
 Designation : Lineman
 Joining Date : 14/10/2021
 Year of Experience : 0 years
 Location : Site
 Office number : x

no image
available

Detail of Formal Education:

Degree Obtain	Institution	Passing Year	Result
Others	NA/NI	NA/NI	NA/NI

Emergency:

Contact Person : x
 Relation : x
 Contact Number : x

Local Guardian/Relative:

Guardian Name : xyz
 Address : x
 Contact Number : x

Personal Information:

Father's Name : x
 Mother's Name : x
 Spouse's name :
 Date of Birth : 12/09/2022
 Religion : Islam
 National Id Number : x
 Blood Group : Sel
 Marital Status : Unmarried
 Present Address : x
 Permanent Address : x
 Contact Number : x