CURRICULAM VITAE

Name : MD GOLAM MOSTAFA

Father's Name : MAHAMMAD ALI

Date of Birth : 27th FEB 1993

Sex : Male

Nationality : Indian

Current status : Bachelor of Technology

Discipline : Computer Science & Engineering

College : Dumkal Institute of Engineering & Technology

Objective:

Like to gain experience by accepting challenging layel disciplined dedicated to my service and true towards career.

Educational Qualification:

General Qualification:

Examination	Board	Board School Year		Percentage	
Passed			Passing	Obtained	
Secondary (Alim)	W.B.B.M.E	CHHAIGHARI K.I.SR. MADRASAH	2009	60.77%	
Higher Secondary	W.B.C.H.S.E	HASANPUR RAJESWARI VIDYAPITH	2011	53.5%	
H.S(Vocational)	W.B.S.C.V.E.T	CHAK ISLAMPUR S.C.M. HIGH SCHOOL	2013	64.83%	

Technical Qualification:

Discipline	Name of the Board	College Name		Semester Average	Year of Passing
Diploma In Computer Science & Technology	W.B.S.C.T.E	ABS ACADEMY OF POLYTECHNIC		81.2	2015
Discipline	Name of the	Semester Grade Point		Semester	Year of
	Board	Average		Average	Passing
Bachelor Of Technology	W.B.U.T	SEMESTER 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH	POINT 6.86 7.46 7.58 6.88 8.26 9.00	7.72	2018

Software Skill:

- MS Office Package
- Operating System (Windows XP, Windows 7, Windows 8, Windows 10, Linux)

Software Skill:

Database Management System , Operating System , Microprocessor ,
 Object Oriented Programing

Languages:

• C ,C++ ,CORE JAVA , ASP.NET

Extra – Curricular Activities:

- DIPLOMA IN FINANCIAL ACCOUNTING (1 YEAR)
- TRAINING IN SIMOCO ON CORE JAVA (1 MONTH)
- TRAINING IN ARDENT ON PHP & MYSQL (1 MONTH)

Hobbies:

• Playing Cricket

• Watching Movie

Language Known: English , Bengali , Hindi

Personal Information:

Present Address	Permanent Address	Email ID
NAME: MD GOLAM MOSTAFA	NAME: MD GOLAM MOSTAFA	
S/O: MAHAMMADALI	S/O: MAHAMMADALI	
VILL:CHHAIGHARI	VILL:CHHAIGHARI	
P.O: CHHAIGHARI	P.O: CHHAIGHARI	golammostafa1000@gmail.com
P.S: DAULATABAD	P.S: DAULATABAD	
DIST: MURSHIDABAD	DIST: MURSHIDABAD	
PIN: 742302	PIN: 742302	
PH. NO.: 8373831611	PH. NO.: 8373831611	

Declaration:

I hereby declare tha	t all the statement fo	urnished abo	ve are true, co	omplete and	correct to the	best of my
knowledge and belief &	I have the potential	to do any typ	oe of work und	der any type	of circumstand	ces.

Place:	
Date:	Signature
	(MD GOLAM MOSTAFA)