## MINISTRY OF FINANCE Social Safety Net Project Application Form

POS	T APPLIED :								
01	Name in Full :								
02	Name with Initials	:							
03	Permanent Addres	ss:							
04	Tel:					Mobile			
0.5	Fax:	2 l N l				E-mail	:		
05	National Identify C	Lard N	0:						
						7			
06	Date of Birth :				Ye	ar:	Month:		Day:
07	Age as at closing d	late of	Applic	ations :	Yea	ars:	Months	:	Days:
80	Civil Status :								
09	Citizenship:								
10	Higher Educationa	al Qual	ificatio	ns [First [	Degree a	and Po	stgraduate Degre	e (s)]	
					Specia	lor	Γ		Effective
	University /	Deg	ree	Class	Gene		Main Subject/	From-To	date of
	Institution	6		Ciuco	Degr		Subjects		Degree
					Ŭ				
11	Professional Quali	ficatio	ns / Ch	arted Co	rporate	Memb	erships etc.		
	University/			ination p			pecialization	Year of	Daccing
	Institution		Exaiii	шаноп р	asseu	٦	pecialization	Teal Oi	rassilig

12	Certificat	es (if any)						
	Course	e/Certificate	Fi	eld		Name	of the Institution University	/ Year
13	Medals, from wh	er Academic Dis Prizes, etc. (ir ich such award arch and public	ndicate the Ir s have been o	nstitu	ition			
14		Class, and app ce, if a governn						
15	Current E	Employment Re	cords					
				Brie	ef Des	cription of	Time F	•
	Post	Designation	Institution		Du	uties	From (dd/mm/yyyy)	To (dd/mm/yyyy)
16	Dravious		Charling (Charling					vous and an
16	Previous	working Experi	•	with	n prese	ent position	and continue in re	verse order)
	Post/ Designat	ion Institution	Brief Descriptio Duties	n of		ancy to the	Time	
					ар	pileu post	(dd/mm/yyyy)	(dd/mm/yyyy)

17	Proficiency in	ncy in Languages (Please Mark ' ' in the relevant cage)							
			V	Vritten			S	poken	
	Language	Very Good	Good	Satisfactory	Week	Very Good	Good	Satisfactory	Week
18	Leadership/	Manager	ment expe	erience					
19	Extra Curricu	ılar activi	ties						
20	Special Skills								
21	Creativity (in	scluding r	natonts)						
21	Creativity (ii	iciuuiiig į	Jatentsj						
22	Are you und	er any ob	ligatory N	lational Service	e (If yes, s	pecify)			
23	If selected, v	vhat is th	e earliest	date that you	can assun	ne duties	:		

24	Names of two persons (with addresses and contact numbers) to whom reference can be made:
25	I hereby declare that the particulars furnished by me in the application are true and accurate.
	I am also aware that if any particulars herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment.
	compensation if the inaccuracy is discovered after the appointment.
	Signature of the Applicant Date
	Signature of the Applicant Date
26	Signature of the Applicant Date  For Public Sector Candidates
26	
26	For Public Sector Candidates
26	Application for the post ofsubmitted byis forwarded herewith. If he / she is selected for the said post he / she can / cannot be released.
26	For Public Sector Candidates  Application for the post ofsubmitted byis forwarded herewith. If he / she is selected for the said post he / she can / cannot be released.  Date:  Signature of the Head of Institution
26	For Public Sector Candidates  Application for the post of
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(i)	For Public Sector Candidates  Application for the post of
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