SUGARCANE RESEARCH INSTITUTE APPLICATION FOR THE POST OF DEPUTY DIRECTOR (ADMINISTRATION)

	D J.D.4.2.						
1.	Personal Details						
	Name in 1	Full					
	Address						
	Date of B	irth			National ID No.		
	Sex				Civil Status		
	Contact T	Cel Nos.			<u> </u>		
2.	Academic Qualifications						
		Ph.D.		Year :			
				University:			
				Subject Area:			
		Master's d	legree	Year:			
				University:			
				Subject Area:			
		Bachelor's	s degree	Year:			
		2 Wester of	, 	University:			
				Subject Area:			
				Class Obtained:			
				Class Obtained.			
3.	Professional Qualifications						

4.	Relevant Experience	e					
		Per	riod	Employer	Position held	Area	
		From	То				
_	D 1 4 1144 1	11.01					
5.	Relevant additional	qualifications					
6.	Extra Curricular Ac	ctivities (Sport	s, Societi	es)			
		(-1		/			
7.	Any other relevant com	petencies					
0	D	41.3					
8.	Reasons for applying for	r this post					
9.	Have you been convicted	d by the Courts	Yes / No				
	for any offence?	·					
	If yes, give details						
	<u> </u>						
* 1	Please attach the conies of t	he certificates and	relevant do	numents			
	Thease actual the copies of the continues and fole valid documents.						
. 1	** If space provided is not sufficient to write details, submit them on separate attachments.						
I certify that the information given above are true and correct to best of my knowledge.							
1 001	recently that the information given above are true and correct to best of my knowledge.						
Sign	Signature of the Applicant Date:						
Sigi	nature of the Applicant			Date:			

Certification by the Head of the Institute: (Applicable only for the applicants of Government/Semi Government/Corporations and Statutory Board)

I do hereby declare that the	applicant, Dr/Mr/Mrs/Miss			
is serving in the post of .	of the			
Institution/Department from	on permanent/temporary/casual basis and he/she can be/cannot be released			
from the service, if he/she w	l be selected for the post applied.			
Signature of the Head of the Institute/Department with officia				
Date	:			
Name of certifying officer	:			
Post	:			
Address	:			