Welfare Benefits Board Ministry of Finance and Mass Media Application form

Post	Applied :-								
01	Name in Full:								
02	Name in Full: Name with Initials:								
03	Name with Initials: Permanent Address:								
03	1 crimanent / tauress.								
04	Tel:		Mobi	le:					
· .	Fax:		E-ma						
05	National Identity Card N	No:							
06	Date of Birth:				Yea		Month		ate:
07	Age as at closing date of	f application	s:		Yea	ırs:	Mont	hs:	Dates:
08	Civil status:								
09	Citizenship:								
10	Higher Educational Qua	lifications {	First Degree	and	post grad	duate Degr	ree(s)}		
	TT : ', /T , ', , '	Ъ			• 1	3.6 :			Ecc .:
	University/Institution	Degree	Class		cial or neral	Main Subject/S	lubiaata	From -To	Effective date of
					gree	Subject/S	subjects		degree
				Des	3166				degree
11									
	Professional qualifications'								
	TT : '- /T :: : :				G : 1		1	X7 C	
	University/Institution	Examina	ation passed		Special	ızatıon		Year of pass	sing
	•						L		

12	Certificates (if an	ny)								
	Course/certifica	ate field	field		Name of the institution /University				year	
13	Any other acades scholarships med									
	(indicate the inst	itution from which	ch							
14	such awards hav	e been obtained) d appointment da	te to							
1 '	the service if a g	overnment emplo	oyee							
15	Current employn		1	D: 01			l m:			
	post	designation	institution	Brief de duties	scription	of	Time		То	
				duties			(dd/m		(dd/mm/yy)	
16	Previous workin	g experience (sta	rting with present p	position an	d continu	ie in re	verse or	der)		
		institution	Brief	Relevan					ne period	
	designation		description of duties	the appl post	1ed	(dd/	/mm/yy)) ((dd/mm/yy)	
			1							

17	Proficiency	in langua	ges (please	e mark √ in th	ne relevant	t cage)					
				Written		Spoken					
	language	Very Good	good	satisfactory	week	Very Good	good	satisfactory	week		
18	Leadership /Management experience										
19	Extracurricular activities										
20	Special Ski	lls									
21	Creativity (including patents)										
22	Are you under any obligatory National Service (if yes specify)										
22	If galacted y	vhat is the	applicat do	to that you can	aggum a du	ution :					
23	II selected v	what is the	earnest da	te that you can	assume at	mes .					

24	Names of two persons (with address and contact numbers) to whom reference can be made						
25							
	Compensation if the inaccuracy is discovered after the appointment.						
	Signature of the Applicant Date						
26	For public /corporate sector candidates						
	Be released.						
	Date. (Please place official seal of head						
	of institution)						
(i)	Note. If the sheets above are not sufficient please use extra sheets when and where necessary						
(ii)	Indicate the list of documents attached along with the application form						
	(a)						
	(b)						
	(c)						