

Application for filling the vacancies in Grade III of the Post of Field Attendant at the Department of Technical Education and Training

1. Name of the applicant :
2. Personal address :
-
3. District of permanent residence :
4. Date of birth :
5. Age as at the closing date applications : Years..... Months..... Days
6. Marital status :
7. Telephone number :
8. Educational qualifications :
- I. (G.C.E. (O/L) :
- Year: Index Number:.....

	Subject	Pass

II. G.C.E. (A/L) (Only if applicable)

Year: Index Number:.....

	Subject	Pass

III. Professional qualifications:

	Course/ certificate	Institutions from which it has been obtained	Course duration

IV. Experience:

	Institution	Post	Duration

V. Details of extracurricular activities:

.....

9. Whether you have been dismissed whilst holding a government post?

10. Whether any disciplinary inquiry is being conducted, if you are serving in public service at present?

11. Have you ever been convicted of any offense by a court? If yes, indicate the details.....

I hereby certify that the particulars furnished by me in this application are true and accurate. I am aware that my candidature shall liable to be cancelled if it is found that any particular indicated in the application is found to be false or incorrect before being selected and I shall be liable to be dismissed from service without any compensation, if it is found that any particular indicated in the application is found to be false or incorrect even after the appointment.

Date:

.....

Signature of the applicant

(This part is only applicable to those who are serving in public service)

Attestation of the Head of the Department/ Institution

It is hereby certified that Mr./Mrs./Miss..... is serving as a..... at this Ministry/ Department/ Institution, his work and conduct are satisfactory, no disciplinary measures are being conducted against him and it is not intended to take action in this regard. He can be/ cannot be released from service, if selected for this post.

.....
Signature of the Head of the Department
or authorized officer

Date:
(Official Stamp)