APPLICATION FORM

 Post Applied for I) Name with initii) Names denoted National Identity Of Permanent Address i) Permanent Residui) Permanent Residui 	l by the Card No s and T dential c	o. elephone N listrict :		1:			
6. Official address :							
7. Date of birth							
Year Month	1	Date					
8. Sex:							
9. Marital status:							
10. Age at the closing	date of	the applica	ation:				
Year Mont	h	Date					
11.Educational Quali	fication	s:					
Exam/Diploma/ Degree (General/Special)	Year	Subjects	Pass/Class		the Ins	me of titute/ iversity	Medium
12.Professional Quali	fication	ıs			-		-
Exam/Diploma	Year	Subjects			the Insti	tute/ versity	Medium
13.Experience							
Service	Pos	Position		Duration		Institute	
			From T		Го		
14 Other Qualificatio	nc ·						

Certification of the candidate
I declare to the best of my knowledge that the
particulars contained in this application are true and accurate. I declare
that I have not been dismissed from the public service or have not been
retired compulsorily as a merciful alternative or have not considered as an officer who has vacated the post. I am aware that if any particulars contained herein are found to be false or incorrect I am liable to disqualification, if any discrepancy is discovered before the selection and to dismissal if detected after the appointment without any compensation.
Date:
Signature of applicant
For the applicants in the government service
Certification of the Head of the Department
I am sending herewith the application of Mr./Mrs./Miss
He/She is an officer in this Ministry/Department
serving on Permanent/Casual/Temporarily basis and I agree to release
him/her from the post he/she holds in the event of being selected.
Date:
Signature of Head of department
(Official frank)