

APPLICATION FORM

Please clearly mention the relevant post and division according to the advertisement

Published in NARA web site

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01.

1.1 Name in Full;

.....

(English Block capitals)

1.2 Name with initials;

.....

(English Block capitals)

02. Permanent Address;

.....

(English Block capitals)

03.

3.1.Gender;

Female -1

Male - 02

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(Put the relevant no. in the box)

3.2.Date of Birth

Date

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Month

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Year

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04.National Identity Card No;

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05.Contact No;

5.1 Mobile;

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5.2 Residence;

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06. Email Address;

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07. Residence District;

08. Relevant basic Educational Qualifications (Please attached copy of relevant certificates)

Degree, O/L, A/L	Institute	Subjects/Class/Grade	Effective Date

09. Professional Qualifications (Please attached certificates)

Course	Institute	Subject Details

10. Other qualifications

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11. Present employment & previous employments

Institute	Designation	From	To

12. Whether you have been convict of any criminal offence in a court of law? If "YES" INDICATE THE Particulars:

13. Details of Non-Related Referees;

Name	Address	TP number/E-mail
1.		
2.		

I declare that the information furnished by me in this application is true and accurate to the best of my knowledge. I am also aware that if any particulars contained herein are found to be false and inaccurate, I am liable for disqualification before appointment and dismissal from service without any compensation if the inaccuracy is detected after appointment. I am liable for all rules and conditions are relation to the Examinations

Date;.....

.....

Signature of the candidate

Who are already in Public/Local Government Service, should be completed following certification and forward the applications through the Head of the Institution.

Recommendation of the Head of the Department;

I hereby certify that Mr/Mrs./Miss..... who is submitting this application is serving in Ministry/ Department/Institute in the post of and I can be made to release him/her from the post held at present in this institution, if he/she is selected.

.....

Signature of the head of the Institution

Name;.....

Designation;.....

Address;.....

Date; ;.....