



2. \* Educational Qualifications

\* G.C.E Advance Level

Year

Index Number

School

District

Results (1<sup>st</sup> Attempt)

| <u>Subject</u> | <u>Grade</u> |
|----------------|--------------|
| 1.             |              |
| 2.             |              |
| 3.             |              |
| 4.             |              |

University Attended

University

Year of Pass Out

Effective Date of Degree

Stream

Specialization On

Grade/Class

3. Professional qualification:

| <b>Institution/ University</b> | <b>Description</b> |
|--------------------------------|--------------------|
|                                |                    |

4. \* Working Experience:

| <b>Institute</b> | <b>Period of Service</b> | <b>Appointment</b> |
|------------------|--------------------------|--------------------|
| 1.               |                          |                    |
| 2.               |                          |                    |
| 3.               |                          |                    |

**5. Other Qualifications**

**6. Other extra Activities:**

**7. Two Non related Referees:**

| Name | Address | Tel.No |
|------|---------|--------|
|      |         |        |
|      |         |        |

**8. Declaration of the Applicant:**

(a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and /or incorrect completion of any part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge.

(b) I shall not subsequently change any information stated above.

.....  
Date

.....  
Applicant's Signature

**9. (This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution:**

I hereby certify that Mr./Mrs./Miss .....  
..... who is working in this ministry/department/institution, is working in the post of ..... and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service.

Date .....

.....  
Signature of the Head of the  
Department or Authorized Officer.

Name: .....

Designation:- .....

Ministry / Board:- .....