

## APPLICATION FORM

FOR THE POST OF .....

1.	Name in Full:				
2.	Title: Rev./ Prof./ Dr./ Mr./ Mrs./Miss.				
3.	i. Postal Address				
	ii. Contact No:				
	iii. Telephone:				
	iv. Fax:				
	v. E-mail Address:				
4.	i. Date of Birth & Age:				
	ii. National Identity Card No:				
5.	Civil Status:				
6.	University Education (Degree, and Postgraduate Degree with Field of Specialization)	University Reg. No.	Duration of the Degree with dates	Results Class/Grade/GPA and Effective date)	Name of the University

7.	a) Present Occupation			
	i. Designation:			
	ii. Date of Appointment:			
	iii. Company / Institution and its address:			
iv. Nature of Appointment: Permanent / Contract / Temporary / Casual				

v. a. Gross scale:
b. Basic Salary:
c. Allowance:

**b) Previous appointments, if there are any with dates**

Company / Institution	Post	Gross Salary	Date	
			From	To

8. Name of Two Persons (Official; with addresses to whom reference may be made).

Name	Address
1.	..... ..... ..... .....
2.	..... ..... ..... .....

9. I hereby certify that the information provided by me in this application is true and accurate. I understand that if any information is found to be false or inaccurate, I may be disqualified prior to selection and, if discovered after appointment, may be terminated without any compensation.

Date: .....

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Signature of the Applicant