

6.0 6.1 Date of Birth: Year

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 Month

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 Date

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6.2 Age as at 07.07.2025. Years

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 Months

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 Days

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7.0 Educational and Other Qualifications :

7.1 G.C.E. (Ordinary Level) Qualifications :

Index No. : Year :

7.2. G.C.E. (Advanced Level) Qualifications

Index No. : Year :

Serial No.	Subject	Pass
01.		
02.		
03.		
04.		
05.		
06.		
07.		
08.		
09.		
10.		

Serial No.	Subject	Pass
01.		
02.		
03.		
04.		

7.3 Professional Qualifications :

University / Institute	Course followed	Date of Validity	Pass

7.4 Service Experience :

Post	Period of Service

8.0 Particulars of the post holding at present :

- 8.1 Present place of work :
- 8.2 Post holding at present and Grade :
- 8.3 Date of appointment to the post :
- 8.4 Total period of service in the Department :
- 8.5 Date of confirmation in the post :

- 9.0 Have you ever been convicted for any offence in a Court of Law ?
(Put the √ mark in the appropriate cage. If yes, the details may be mentioned.)

Yes		No	
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Receipt obtained by paying examination fees may firmly be affixed here as not to fall.

10.0 Declaration of Applicant:

I hereby certify that the particulars furnished by me in this application are true and accurate and all the parts herein have been correctly completed. I am also aware that if any particulars contained herein are found to be false, before selection, I am liable to be disqualified and to dismiss from service if any inaccuracy is detected after the appointment and I abide by all the rules and regulations. Further, I declare that I will subject to the rules and regulations, imposed by the Commissioner General of Examinations regarding the holding of examination and the issuance of results.

Date :

.....
Signature of Applicant

11.0 Attestation of the Signature of Applicant:

I, do hereby certify that Mr. / Mrs./ Miss. who submits this application is personally known to me, he / she placed his / her signature in my presence on....., he / she has made the payment of relevant examination fees and the receipt of the same has been affixed herein this application.

Date :

.....
Signature of the attesting officer

Name of the Attesting Officer :

Designation :

Address :

(Confirm by the official frank.)

12.0 Recommendation of the Divisional Director / Assistant Director or Regional Assistant Director :

I certify that Mr. / Mrs. / Miss who submits this application is serving in the capacity of in my Division / office with effect from, that his / her work and attendance are satisfactory, that there is no any offence against him / her and the receipt of making payment the prescribed examination fee has been affixed.

.....
Signature of the Divisional Director / Assistant Director
or Regional Director

Date :

Name :
Designation :
Address :
(Confirm by the official frank.)