

SPECIMEN FORM OF APPLICATION
POST OF ADDITIONAL SECRETARY (MEDICAL SERVICES)
MINISTRY OF HEALTH

01. (i) Name of the Officer (with Initials):
(ii) Name in Full :

02. Address -
(i) Official :
(ii) Private :

03. Telephone Number -
(i) Official :
(ii) Personal :

04. Date of Birth -
Age (As at the closing date of applications) Years: Months: Days:

05. Civil Status -

06. (i) Date of appointment to Preliminary Grade :
(ii) Date of appointment to Grade II :
(iii) Date of appointment to Grade I :
(iv) Date of appointment to Deputy Medical Administrative Grade :
(v) Date of appointment to Senior Medical Administrative Grade :
(vi) Date of appointment to Deputy Director General Grade :

(Certified copies of the letters of appointment and letters of assumption of duties of the posts in Senior Medical Administrative Grade and Deputy Director General Grade should be annexed)

07. Educational and Other Qualifications :

08. Professional and/ or Technical Qualifications :

09. Special projects carried out by the officer in the field relevant to the post:

10. Research and publications done by the officer in the field relevant to the post:

11. Posts held to the present and institutions:

<u>Post</u>	<u>Institution</u>	<u>Period</u>
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12. Particulars of No Pay Leave, if obtained :

<u>Reason for obtaining No Pay Leave</u>	<u>Duration</u>		<u>Total Period of No Pay Leave</u>		
	<u>From</u>	<u>To</u>	<u>Years</u>	<u>Months</u>	<u>Days</u>

13. Has disciplinary action been taken against you at any time during the period of your service and if yes give details :

14. Special Claims :

I do hereby certify that the above particulars furnished by me are true and accurate. Further, I do agree with all terms and conditions stipulated in the notification of calling applications.

Date:

Signature of Applicant

Recommendation of the Head of Institution:

Date:

Signature of Head of Institution and Official Stamp