MINISTRY OF FINANCE AND MASS MEDIA Social Safety Nets Project Application Form POST APPLIED: 1 Name in Full: 2 Name with Initials: 3 Permanent Address: 4 Tel: Mobile: E-mail : Fax: 5 National Identify Card No: 6 Date of Birth: Month: Day: Year: 7 Age as at closing date of Applications: Months: Days: Years: 8 Civil Status: 9 Citizenship: 10 Higher Educational Qualifications [First Degree and Postgraduate Degree (s)] **Special or General Effective date** Main University / Degree Class From-To Institution Degree Subject/Subjects of Degree 11 Professional Qualifications / Charted Corporate Memberships etc. **University / Institution Examination passed** Specialization **Year of Passing** 12 Certificates (if any) Course/Certificate Name of the Institution/University Year Field

13	3 Any other Academic Distinctions Scholarships, Medals, Prizes, etc. (indicate the Institution from which such awards have been obtained) and research and publications, if any										
14	Service, Class, and appointment date to the service, if a government employee										
15	Current Employm	ent Records									
	Post	Post Designation Institution		Brief Description of Duties			Time Period				
							From (dd/mm/yyyy)		To (dd/mm/yyyy)		
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16	Previous working	Experience (Sta	rting with	present positi	on and o	continue in	reverse	order)	T: 1	D!I	
	Post/ Institution Brief Descripti			escription of	Releva	ancy to the applied		Time I From		Period To	
	Designation	mstitution		Outies	post			(dd/mm/yyyy)		(dd/mm/yyyy)	
17	Proficiency in Lan	guages (Please I	Mark''ir	n the relevant (cage)						
	Written				Spoken						
	Language	Very Good	Good	Satisfactory	Week	Very Good	Go	od	Satisfa	ctory	Week
18	Leadership/ Mana	agement experie	ence								
19	Extra Curricular a	ctivities									
20	Special Skills										
21	Creativity (includi	ng patents)									

	Are you under any obligatory National Service (If yes, specify)
	If selected, what is the earliest date that you can assume duties :
	Names of two persons (with addresses and contact numbers) to whom reference can be made:
25	I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars furnished by me in this application are found to be false or incorrect before appointment, I am disqualified. If inaccuracy is discovered after selection, I will be dismissed the appointment without any compensation and liable to pay the remuneration I gained to the MoFM. I am physically and mentally fit to work any part of the country and I assure that I have not been found convicted by a court or not found guilty by any internal disciplinary proceedings of any organization. Date:
26	Signature For Public Sector Candidates
26	For Public Sector Candidates
	Application for the post of
	Signature of the Head of Institution
	(Please place official seal of Head of Institution)
	Note
	If the sheets above are not sufficient, please use extra sheets, when & where necessary.
_	Indicate the list of documents attached along with the application form.
<u> </u>	(a)
. '	(h)
\vdash	(b) (c)