

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 :														
	Fax :			E-mail :														
5	National Identify Card No :																	
	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	
6	Date of Birth :			Year:		Month:	Day:											
7	Age as at closing date of Applications :			Years:		Months:	Days:											
8	Civil Status :																	
9	Citizenship :																	
10	Higher Educational Qualifications [First Degree and Postgraduate Degree (s)]																	
	University / Institution	Degree	Class	Special or General Degree	Main Subject/Subjects	From-To	Effective date of Degree											
11	Professional Qualifications / Chartered Corporate Memberships etc.																	
	University / Institution			Examination passed	Specialization	Year of Passing												
12	Certificates (if any)																	
	Course/Certificate		Field	Name of the Institution/University		Year												

13	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 Employment Records								
	Post	Designation	Institution	Brief Description of Duties	Time Period				
					From			To	
					(dd/mm/yyyy)			(dd/mm/yyyy)	
16	Previous working Experience (Starting with present position and continue in reverse order)								
	Post/ Designation	Institution	Brief Description of Duties	Relevancy to the applied post	Time Period				
					From			To	
					(dd/mm/yyyy)			(dd/mm/yyyy)	
17	Proficiency in Languages (Please Mark ' ' in the relevant cage)								
		Written				Spoken			
	Language	Very Good	Good	Satisfactory	Week	Very Good	Good	Satisfactory	Week
18	Leadership/ Management experience								
19	Extra Curricular activities								
20	Special Skills								
21	Creativity (including patents)								

22	Are you under any obligatory National Service (If yes, specify)
23	If selected, what is the earliest date that you can assume duties :
24	Names of two persons (with addresses and contact numbers) to whom reference can be made:
25	<p>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.</p> <p>Date : Signature</p>
26	<p>For Public Sector Candidates</p> <p>Application for the post of.....submitted by is forwarded herewith. If he/she is selected for the said post he/she can/cannot be released.</p> <p>Date : Signature of the Head of Institution (Please place official seal of Head of Institution)</p>
	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.
	(a).....
	(b).....
	(c).....