SPECIMEN APPLICATION FORM

Please clearly mention the relevant post and division according to the advertisement
Published in NARA web site

01.

1.1 Name in Full; ……
……

(English Block capitals)

1.2 Name with initials;

………..

(English Block capitals)

02. Permanent Address; ……….

……..

(English Block capitals)

03.

3.1.Gender;

Female -1

Male - 02   (Put the relevant no. in the box)

3.2.Date of Birth

Date [   ]   Month [   ]   Year [   ]

04.National Identity Card No; [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

05.Contact No;

5.1 Mobile; [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

5.2 Residence; [ ][ ][ ][ ][ ][ ][ ][ ][ ]

06. Email Address; [   ]

07. Residence District; ………

08. Relevant basic Educational Qualifications (Please attached copy of relevant certificates)

Degree, O/L, A/L	Institute	Subjects/Class/Grade	Effective Date

09. Professional Qualifications (Please attached certificates)

Course	Institute	Subject Details

10. Other qualifications

………

……

………..

11. Present employment & previous employments

Institute	Designation	From	To

12. Whether you have been convict of any criminal offence in a court of low? If "YES" INDICATE THE Particulars:

13. Details of Non-Related Referees;

Name	Address	TP number/E-mail
1.		
2.		

I declare that the information furnished by me in this application is true and accurate to the best of my knowledge. I am also aware that if any particulars contained herein are found to be false and inaccurate, I am liable for disqualification before appointment and dismissal from service without any compensation if the inaccuracy is detected after appointment. I am liable for all rules and conditions are relation to the Examinations

Date;……………………………………   …………………………………………………..
                                                                        Signature of the candidate

Who are already in Public/Local Government Service, should be completed following certification and forward the applications through the Head of the Institution.

Recommendation of the Head of the Department;

I hereby certify that Mr/Mrs./Miss……… who is submitting this application is serving in ……………………. Ministry/ Department/Institute in the post of …………………………………………………. and I can be made to release him/her from the post held at present in this institution, if he/she is selected.

                                                                        …………………………………………………
                                                                        Signature of the head of the Institution

Name;…………………………………………………………………………..
Designation;…………………………………………………………………..
Address;………………………………………………………………………….
Date; ;………………………………………………………………………………