

09. Details of teaching and/or field experience:

<i>Name of the institution where teaching/service was carried out</i>	<i>Designation</i>	<i>Certificates obtained</i>	<i>Duration</i>	<i>Field of Study / Vocational field</i>
1.				
2.				
3.				
4.				

10. Previous positions held (mention in chronological order with exact dates)

<i>Department / Institution</i>	<i>Place of Work</i>	<i>Position</i>	<i>Permanent or Temporary</i>	<i>From</i>	<i>Until</i>	<i>Duration</i>
1.						
2.						
3.						
4.						

11. Have you ever been convicted by a court of law? Yes / No

If yes, give details.

.....

12. Have you previously been employed in a Government Department, Corporation / Authority or Board? Yes / No

If yes, state the reason for resignation / removal from service.

.....

13. Is any disciplinary inquiry currently being conducted against you? Yes / No

If yes, give details in brief.

.....

14. Declaration of the Applicant –

I hereby certify that the information provided by me in this application form is true and accurate. I understand that if any information mentioned herein is found to be false before selection, I may be disqualified, and if such information is discovered after selection, I shall be liable to be dismissed from the post without any compensation. I further declare that I agree to abide by the rules and regulations imposed by the Commissioner General of Examinations in relation to the conduct of the examination.

Date: -

.....,
 Applicant's Signature.

5. Certification of the Applicant's Signature

I hereby certify that the Mr./Mrs./Ms.(full name), the applicant is personally known to me and that he/she signed this application in my presence on (Date)

.....,
Signature of the Certifying Officer.

Date: -

Full Name of the Certifying Officer: -.....

Designation: -.....

Address: -.....

Official Stamp

(Strike off the words inapplicable)

For applicants currently serving in the Public or Provincial Public Service only

I hereby certify that Mr./Mrs./Ms., (full name whose details are given above, is employed in this Department/Institution, that the information furnished by him/her above is correct, and that if he/she is selected for this position, he/she can be released from the service of this Department/Institution.

.....
Signature of the Head of Department / Institution:

Designation: -.....

Date: -.....

Official Stamp: -.....

(Strike off the words inapplicable)