

06. Educational Qualifications :

6.1 Details of the Degree :

<i>Degree</i>	<i>Institution</i>	<i>Pass</i>	<i>Subjects</i>	<i>Valid Date</i>

6.2 G.C.E. (Advanced Level) Examination : Year : Month :

Index Number :

<i>Subject</i>	<i>Passes</i>

6.3 G.C.E. (Ordinary Level) Examination : Year : Month :

Index Number :

<i>Subject</i>	<i>Passes</i>

07. Current Employment and Post held earlier :

<i>Post</i>	<i>Institution</i>	<i>From</i>	<i>To</i>

08. Name of the Post Office paid the Examination Fee :

Amount Paid :

Date of Payment :

Number of Receipt :

Paste the receipt here

09. I declare that the particulars furnished by me in this application are true and correct. I am also aware that if any particulars contained herein are found to be false or incorrect, I am liable to disqualification, if detected before selection and I will be dismissed from the service without any compensation if detected after appointment. I agree to be bound by all the rules and regulations imposed by the Commissioner General of Examination regarding the conduct of examination and the release of results.

.....,
Candidate's Signature.

Date :

Attestation of the Candidate's Signature :

I certify that Mr./Mrs./Miss. who signed here is personally known to me and pasted the paid receipt and placed his/her signature at my presence.

.....,
Signature and official stamp of the person attesting.

Name :
Designation :
Address :
Date :

- Attestation of the signature of the applicant should be according to the 10. VI chapter of the Notification of Calling for Application.
- The application should be forwarded through the Head of the relevant department or Institution along with the certification mentioned below.

Certification of the Head of the Department

I hereby certify that the particulars furnished by Mr./Mrs./Miss who is serving in this Institution were checked by me and are correct and he/she can be released from the current post, if selected for this post.

.....
Signature of the Head of the Department/Institution.
(Place the official frank)

Designation :
Address :
Date :