SPECIMEN APPLICATION FORM

For office use

Application for Limited recruitment to the post of Demonstrator (Limited) In the service category of Management Assistant (Technical) segment – 3 of the Department of Technical Education & Training – 2023

Field, applied for	
medium applied for	

1.	Name of the candidate:							
	i. Name with initials, with initials at the end (In block capital letters):							
	ii.	Full Name (In block capital letters):						
	iii.							
2.	i.	rent post : Date of appointment to the post : Year :						
3.	(dress and Telephone number: (i). Official Address :						
4.		e of Birth : Year:						
5.	Age	e as at closing date of applications: Years: Months: Days:						
6.	Nati	ional Identity Card Number :						
7.	Gen	nder – (male / female)						

	GCE (O/L) Examination Year:		x No:	rade	
				rade	
	Suc	bject	G	rade	
	GCE (A/L) Examination				
	Year: Index I	No:			
	Subjec	rt	Grade		
0. Vocation	onal Qualifications:				
Exc	amination/Diploma	Year	Subjects	Grade	Name of the Institution/Universi
-	-		-		<u> </u>

11.	Particulars	of Experience:-

	Institution	post	Period of Service	Whether a Government/Semi-Go Institution	vernment/Private			
	2. Proficiency in Computer Literacy. Diploma :							
	Proficiency in English Language. Diploma in English Certificate Course in English :							
	The peoples' Bank branch at which the examination fee was paid; Date of payment:							
]	Receipt should be firmly affixed here							
	hereby certify that the particulars furnished by me in this application are true and accurate. I am aware that if any particulars contained therein are found to be false and incorrect before the selection I am liable to disqualification and o dismissal, without compensation, if such inaccuracy is revealed after the appointment.							
	Date			Signature of the Candidate.				
	Certificate of the Head of the Institution							
	Thereby certify that Mr. / Mrs. / Miss							
	are satisfactory, no disciplinary action is pending against him / her and no decision has been taken to impose any such in future and He / She place his/her signature in my presence.							
Date	:(Official seal)		S	ignature of the Director/Principal/F				