MINISTRY OF FINANCE, ECONOMIC STABILIZATION AND NATIONAL POILICIES Welfare Benefits Board - Social Protection Project Application Form										
PO	POST APPLIED :									
1.	Name in Full :									
2.	Name with Initials :									
	Permanent Address:									
4.	4. Tel : Fax :									
	Mobile			E-mail :						
5.	National Ide	ntify Card No	o :							
6.	Date of Birth :									
0.										
	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	Main Subject/Subjects	From-To	Effective date of			
				Degree			Degree			

11.	. Professional Qualifications/Charted 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.	3. 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.	If a government employ	ee :						
	Service :							
	Class :							
	Appointment date to the service :							

15.	. Current Employment Records												
								Brief		Time Period			l
	Post	De	esignation	1	Institution		Description of Duties		From (dd/mm/yyyy)		(dd/1	To nm/yyyy)	
16.	.6. Previous working Experience (Starting with present position and continue in reverse order)												
	Post/	Iı	Institution		Brief Description of Duties		Relevancy to the applied post		Time Period				
	Designatio	on							From (dd/mm/yyyy)		To (dd/mm/yyyy)		
17.	Proficiency	in Lang	guages (P	lease	Mark' 'ir	n the re	eleva	ant cage)					
	Written Spoken												
	Language	Very Good	Good	Sati	sfactory	Wee	k	Very Good	(Good	Satisfac	tory	Week
18.	Leadership/	' Manag	ement ex	perie	nce :	1	I				1		
		U		_									

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.	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 gained to the MOF. 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.
	Signature

26.	For Public Sector Candidates :
	Application for the post of is forwarded herewith. If he/she is selected for the said post he/she can/ cannot be released.
	Date : Signature of the Head of Institution (Please place official seal of Head of Institution)
	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)