



8. (a) Date of Birth :

Year :

Month :

Date :

(b) Age at the closing date of Application :

Years :

Month :

Date :

9. Training grade applied for : .....

10. Educational Qualifications : .....

(a) G. C. E. (O/L) – First Sitting

Year :

Index No :

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

(b) G.C.E. (O/L) – Second sitting

Year :

Index No :

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

(c) G.C.E.(A/L)

Year :

Index No :

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

11. Examination Fees (Receipt must be attached):

- I. Post office/ Sub post office at which payment was done:.....
- II. Amount : .....
- III. Date of the Payment :.....
- IV. Number of the Receipt :.....

Firmly fix the receipt here with on border  
(Keeping the copy would be useful)

12. Declaration/ Statement by Applicant:

I declare that the information given here is true to the best of my knowledge and belief. I am aware that I will be subject to disqualification if the information is found to be false prior to my selection and I will be subject to dismissal without any compensation if it is discovered after the appointment. I further declare that I am subject to the rules and regulations imposed by the Commissioner General of Examinations regarding the conduct of examinations and the issuance of results.

.....  
Signature

Date :.....

13. Attestation of the Signature of the Candidate : (Strike out irrelevant words.)

I certify that Mr./ Mrs./Miss ..... submitting this application is personally known to me and he/she placed the signature before me on ..... Day of ..... and that the due examination fee has been paid and the receipt has been affixed.

Signature of Certifying Officer .....  
Full name of the Certifying officer .....  
Designation : .....  
Address (Rubber stamp) .....  
Date : .....

**Note** : The application should be certified as mentioned in paragraph 9 (d) of the *Gazette* Notification.

14. Attestation of the Head of the Department/ Institution

The person submitting this application Mr./Mrs./Miss ..... is working in this Ministry/ Department/ Cooperation/ Board and if he/she will be selected for the above post, he/she can be released from the service of this institution.

.....

Rubber Stamp:

Signature of the Head of the Department.

Date :- .....  
Name of the Head of the Department :- .....  
Designation :- .....  
Address of the Office :- .....