Health System Enhancement Project (ADB Funded)

Application for the Post of

(Please Mention the Province Clearly)

Section I

Name with	n initials o	of the app	olicant (ir					
Date of Bi	rth d	m			У			
Age	••••	5. Sex		•••	6. N	Marital St	atus	
National 1	Identity ca	ard numb	er/Passpo	ort Numb	er of the	applicant		
Applicant	Address ((Mail Ade	dress)					
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
Telephone	Number							
a) Residence:			b) Mobile:					
Email Add	lress							
		1				1		
	Name with Date of Bi Age Applicant Telephone	Name with initials of the second seco	Name with initials of the app Date of Birth Age	Name with initials of the applicant (in the second	Name with initials of the applicant (in block le	Name with initials of the applicant (in block letters) Date of Birth Age	Name with initials of the applicant (in block letters) Date of Birth Age	Name with initials of the applicant (in block letters) Date of Birth Age

11.	Academic Qualifications
12.	Professional Qualifications
• • • • • •	
• • • • • •	
13.	Memberships in Professional Bodies
• • • • • •	
• • • • • •	
14	Professional Experience (in chronological order)
17.	Tolessional Experience (in chronological order)
• • • • • •	
1 5	If any and any and any along d
15.	If you are currently employed
	a) Present place of work
	b) Designation
	c) Office Address
16.	Special comments/notes
•••••	

17. Two Non-Related Referees (Name, Designation, Contact L	etails)
I.	
1.	
II.	
I certify that the particulars furnished by me are correct. If any info	ormation found incorrect
before/after the interview my application/appointment will be rejected	
Signature of the Applicant	Date
Signature of the Applicant	Dute
• This application should accompany following documents	
a) Curriculum vita with a photograph	
b) Certified Copies of	
a. NIC/Passport	
b. Academic Qualificationsc. Professional Qualifications	
d. Memberships in Professional Bodies	
r	
Section II	
To be filed by Head of the Institution of currently employed	d annlicante:
To be filed by flead of the histitution of currently employed	u applicants,
1. Name of the Applicant	
2. NIC Number	
3. Name of the Institution	
4. Designation of the Applicant-	
5. Service Period-	
6. Recommendations-	
The candidate cab be released with immediate effect from the curre	ent employment if
she/he is going to be selected.	I J
Signature and Rubber Stamp of the Head of the Institution	Date