

Specimen Form of Application

Recruitment to the Post of Director (Nursing Public Health) of the Ministry of Health

01. (I) Name with initials (In legible handwriting):

.....

(II) Other names in Full:

.....

02. Address:

(I) Official:

(II) Private:

03. Telephone No:

(I) Personal:

(II) Official:

04. National Identity Card No:

05. Date of birth:

Age as at 2024.10.28: Years:..... Months:..... Days:.....

06. (I) Date on which the officer commenced the training as a student nurse:

(II) Date of appointment to Grade III of the nursing service:

(III) Date of appointment to Grade II of the nursing service:

(IV) Date of promotion to the post of Nursing Officer (Public Health) in Grade I / Supra Grade of Nursing service:.....

(v) Date of promotion to the post of Nursing Officer in Special Grade of Nursing service:

.....

(Attach a copy of letter of promotion to Special Grade)

(VI) Is there a discontinuation of service:

(VII) Date of reinstatement, if so:

(VIII) Period of service relevant to Public Health Nursing Administration:

07. Highest educational qualification:

08. Other special qualifications:

.....

I do hereby certify that above particulars are true and correct. And, I am also aware that if any of the above information furnished by me is found to be false or incorrect, prior to or after the selection I am liable to be subjected to a disciplinary action.

Date

.....

Signature of the officer

09. To be filled by the Management Assistant in charge of the subject referring to the personal file.

(I) Particulars of leave obtained during the last year:

(II) Whether the officer has obtained leave on no pay:
(Mention the period of no pay leave obtained)

(a) Maternity leave on no pay:

(b) No pay leave other than that:

(III) Whether there is any disciplinary inquiry against the officer:.....
(Attach a copy of the relevant letter, if any)

(IV) Have the annual salary increments been earned during the period of 05 years immediately prior to the closing date of applications?

2019 -	2022 -
2020 -	2023 -
2021 -	2024 -

(V) Level of the performance during the period of 05 years immediately prior to the closing date of Applications

2019 -	2022 -
2020 -	2023 -
2021 -	2024 -

(Indicate as very good/good/satisfactory and attach the copies of the performance reports adopted)

(VI) Other facts:

.....
.....

I do hereby certify that the information furnished according to the personal file of Mr./Mrs./Miss.

.....
and all the information furnished by the applicant from no. 01 to no. 08 and information furnished by me under no. 09 is correct.

Date

.....
Signature of the officer
in charge of the subject

10. Recommendation of the Administrative Officer / Hospital Secretary

I do hereby certify that the information furnished above is correct according to the personal file of

Mr. / Mrs./Miss.

Date

.....
Signature and Official Stamp of the
Administrative Officer/ Hospital Secretary

11. Recommendation of the Head of Institution

- 1. Work and conduct -
- 2. General efficiency -

I do hereby certify that the information furnished in the application is true according to the personal file or Mr./ Mrs./Miss.
and she has been confirmed in the service and she is serving as a Nursing Officer (Public Health) in Special Grade from

I do / do not recommend the application.

Date

.....

Signature and Official Stamp of the Head of
Institution