		Application No.	
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Office Use Only			
Degree	University		Copies
Effective Date	Local	Foreign	Age
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	ATION SERVICES (SRI LA AIKE INTERNATIONAL AI		
APPI ICATION FO	R THE POST OF ACCOU	INTS ASSISTANT	GRADE II
Title . Mr . N	1rs Miss	MIO AGGIGIANI	OKADE II
1 Title : MT V	115 14155		
Last Name:			
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City/Town:	Postal	Code :	
Telephone Numbers Home:	Mobile	No:	
Office :	e-Mail:		
District:	Province	<u></u>	

(Important - Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

4	Hignest Educa	tion Qualificat	:ion : 					
	Academic	Qualification	ns					
	GCE(O/L	.)	 -					
5		ubject	Grade	Inc	dex No		Y	ear
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	University E	ducation (Deg	rees, Diplomas	etc.)(<i>Copies d</i>	of certificates	shou	ıld be a	ttached)
	Name of the	Linis consists //	Dou	riod	Field of	D	esults	Effective
7	Degree/	University/ Institution	Pei	iou	Degree		dicate	Date
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			(dd/mm/yyyy)	(dd/mm/yyyy)		G	rade)	

Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

Effective Date	Subject Area/s	riod	Period		Name of the Degree/ Postgraduate Diploma	8
	7 ii Gu, 5	To (dd/mm/yyyy)	From (dd/mm/yyyy)	Institution	Toolgradate Diploma	
	Bodies	of Professional	on/Memhershins	ations (Eyaminat	Professional Qualifica	

9	Institution	Name of the Examination/Membership	Membership Category	Effective Date

Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

10	Name of the Training Programme/Work shops ets.	Institution	Period
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Employment Hist	_			
(a) Present Post:	Institution	ertificate or Appoin	T-	Describe th
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Details of two non related referees:

14	No.	Name & Position	Official Address & Tele. Nos.	Residential Address & Tele. Nos.
Т	herel	by certify that the particulars su	hmitted by me in this application	on are true and accurate. I am
		that if any of these particulars a		
		selection and to be dismissed		
ā	ppoin	tment.		
	Signa	ature of the applicant:		Date: