SPECIMEN FORM OF APPLICATION

POST OF DEPUTY DIRECTOR GENERAL (LABORATORY SERVICES)

MINISTRY OF HEALTH & MASS MEDIA

01. (i) Name of the Officer (with Initials):
(ii) Name in Full :

02. Address -
(i) Official :
(ii) Private :

03. Telephone Number -
(i) Official :
(ii) Private :

04. Date of Birth -

Age (As at the closing date of applications) Years: Months: Days:

05. Civil Status -

06. (i) Date of appointment to Preliminary Grade :
(ii) Date of appointment to Grade II :
(iii) Date of appointment to Grade I :
(iv) Date of appointment to Deputy Medical Administrative Grade:
(v) Date of appointment to Senior Medical Administrative Grade:
(vi) Date of assuming duty in the post of Senior Medical Administrative Grade:

(Certified copies of the letters of appointments and the letter of duty assuming in the Post of Senior Medical Administrative Grade should be annexed)

07. Educational and Other Qualifications (Certified copies should be attached) :

08. Professional and/ or Technical Qualifications (Certified copies should be attached) :

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09. Special projects carried out by the officer in the field relevant to the post:
(A maximum of 08 projects should be indicated.)

10. Researches/ Publications of the officer in the field relevant to the post:

11. Posts held to the present and institutions:

Post	Institution	Period

12. Particulars of No Pay Leave, if obtained:

Reason for obtaining No Pay Leave	Duration From	To	Total Period of No Pay Leave Years	Months	Days

13. Have you ever been subject to any disciplinary action during the period of your service? If yes, provide details:

14. Special Claims :

I do hereby certify that the above particulars furnished by me are true and accurate. Further, I do agree with all terms and conditions stipulated in the circular of calling applications.

Date:

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Signature of the Applicant

Recommendation of the Head of the Institution:

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Date:

Signature of Head of the Institution
and Official Stamp