Recruitment to Grade III of Office Employees' Service Grade III Ministry of Labor and Trade Union Relations

Office of the Commissioner for Workmen's Compensation

			For office	use only	
nguage medium					
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1. Name with initials:					
2. Name in full					
3. NIC No.					
4. Permanent address:					
5. Gender : Fen	nale -1	Male -0	[
6. Date of Birth :					
Year		Month		Date	e
7. Contact Telephone N	o:				
8. Educational qualifica	tions : Results	of the G.C.E/ (Ordinary Le	evel) Exam	ination
I. Results of the first sign	tting: Year		Month:		
Subject	Grade	Sı	ıbject		Grade
1.		6.			
2.		7.			
3.		8.			

9.

10.

4.

5.

ii.	Results	of	the	second	sitting	Year	
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Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

9. Edı	ucational qualifications : R	desults of the G.C.E/ (A	Advanced Level) Examination:
I. II. III.	Year and month of the extended No Results		······································
	Subject	Grade	7
	1.		_
	2.		-
	3.		-
	4.		-
	<u></u>		_
	VQ qualifications:		
11. Ex	sperience relating to the po	ost:	
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		• • • • • • • • • • • • • • • • • • • •	•••••
	•••••		
12. Sp	orts and extracurricular ac	ctivities:	

13. Ha	ve you ever been found guilty of any crime by a court of law?
	Yes No
14. De	claration of the candidate:
a.	I do hereby declare that the information furnished by me in this application is true and correct to the best of my knowledge. I do agree to suffer any loss or damage that may be caused as a result of not filling or incorrectly filling any part of this application. I also declare that all parts of this application have been duly completed.
b.	I know that I am liable to be disqualified if this declaration is found to be false or incorrect before the appointment and liable to be dismissed if found to be false and incorrect after appointment the appointment.
c.	I shall not subsequently change any of the particulars mentioned here.
	Date :
	Signature of applicant