

**MINISTRY OF EDUCATION, TERTIARY EDUCATION,
SCIENCE AND TECHNOLOGY
MITD HOUSE, PHOENIX**

Application Form for the Post of Laboratory Auxiliary

Section A

1. Title: Mr Mrs Miss *(Tick as appropriate)*
- Surname:
(in block letters)
- Other Names:
(in block letters)
- Maiden Name (if applicable)
2. Date of Birth:
3. National Identity Card No:

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4. Residential Address:
(in block letters)
- Phone Number: Office:..... Home..... Mobile.....
5. Date joined Government Service:
6. Date transferred to the Permanent and Pensionable Establishment (PPE) and in which grade:
Date: Grade:
7. (i) Present Post held:
(ii) Whether in a temporary/substantive capacity:
8. Date of Present Appointment:
9. Present Posting : (i) Ministry/Department:
(ii) Site of Work/School/Section/Division/Unit
10. Present basic salary:
11. Previous appointment held in Government Service:

Appointment	From	To	Ministry/Department

12. Educational Qualifications (Please attach copies of Certificates).

Detailed results of Cambridge School Certificate			Detailed results of London General Certificate of Education (Ordinary Level)		
Year	Examination Centre No.	Index No.	Year	Examination Centre No.	Index No.
.....
	Subject	Grade		Subject	Grade
1.
2.
3.
4.
5.
6.
7.
8.

13. Any other Qualifications:

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14. Experience relevant to the post applied for (*Attach documentary evidence*)

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15. (a) Have you ever been prosecuted before a Court of Law for any offence and subsequently found guilty. (*If yes, give details*)

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(b) Have you ever been dismissed or retired from the Public Service on any grounds whatsoever? (*If yes, give details*)

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16. IMPORTANT – PLEASE READ THE ADVERTISEMENT CAREFULLY

Incomplete, inadequate or inaccurate filling of the form may cause the elimination of the applicant. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his appointment.

DECLARATION

I,, the undersigned applicant, declare that the particulars in this application form are true and accurate to the best of my knowledge and belief and that I have not willfully suppressed any material facts.

Date:

.....

Signature of Applicant

Section B

To be filled by Head of School or Head of Division/Section/Unit of Ministry/Department where applicant is posted

(i) Record of Sick Leave 2020: days 2021: days 2022:days
2023:(to date)days

(ii) **Report on**

Conduct:

Work:

Attendance:

(iii) Whether officer has ever been entrusted duties of Laboratory Auxiliary (*Yes/No*)

.....

(In the affirmative, please specify period of assignment):.....

.....

Signature:

Name (*in full*):

Designation:

Date:

Office Phone No.:



Section C

To be filled by Human Resource Division of Ministry/Department/Education Zone where applicant is posted

(i) Whether officer has been subject to disciplinary action for the past ten years: (in the affirmative, please give details)

(ii) I certify that particulars at Sections A, B and C (i) above have been verified and found correct.

Signature:

Name (in full):

Designation:

Date:

Phone No.:

