

**MINISTRY OF EDUCATION AND HUMAN RESOURCE  
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 |
|----|---------|-------|
| 1. | .....   | ..... |
| 2. | .....   | ..... |
| 3. | .....   | ..... |
| 4. | .....   | ..... |
| 5. | .....   | ..... |
| 6. | .....   | ..... |
| 7. | .....   | ..... |
| 8. | .....   | ..... |

|  | Subject | Grade |
|--|---------|-------|
|  | .....   | ..... |
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|  | .....   | ..... |

13. Any other Qualifications: .....

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

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

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

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 2022: ..... days 2023: ..... days 2024: .....days  
2025:(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.: .....

Seal of Ministry/  
Department/School/  
Education Zone

## **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.: .....

Seal of Human  
Resource Section