APPLICATION FOR THE POST OF ASSAY LABORATORY AUXILIARY
MINISTRY OF INDUSTRY, SME AND COOPERATIVES
(Industry Division)

Section A (To be filled in by Applicant)

1. Title *(tick as appropriate)*: Mr. ☐ Mrs. ☐ Miss ☐

2. Surname (*in block letters*): ……..……..

3. Other Names (*in block letters*):
……..…….....

4. Date of Birth:……. 5. National Identity No: | | | | | | | | | | | | | | |

6. Residential Address (*in block letters*):.…….…….....….….....

……..…….....

7. Tel (Office): …….. Tel (Residence): ……..(Mobile) …….……..…....

8. Present post held:……...whether in Temporary/Substantive capacity.
(*delete as appropriate*)

9. Date of Present Appointment: ……..……..…….

10. Present Posting: (i) Ministry/Department: ……..

(ii) Place of Work: …….

11. Date joined service: ……..

12. Date of first appointment:……..

13. Date transferred on Permanent and Pensionable Establishment (PPE): ……..…….

14. Present salary (Basic): Rs. ……...

15. Previous appointment held in Government Service:

Grade	From	To	Ministry / Department	Capacity (Substantive/ Temporary)

/2…

16. Educational Qualifications **(*Please attach photocopy of certificates*)**:

Detailed results of: Cambridge School Certificate			**London General Certificate of Education (Ordinary Level)**		
Year	**Examination Centre No.**	**Index No.**	**Year**	**Examination Centre No.**	**Index No.**
…….	……	…….	……	…….	…….
Subject		**Grade**	**Subject**		**Grade**

17. Any other qualifications **(*Technical or otherwise, please attach copy, if any*)**

……..……..…

18. Experience relevant to the post of Assay Laboratory Auxiliary **(*Documentary evidence to be attached*)**

……

……..……...

19. Have you been subject to an investigation/enquiry/disciplinary action for any offence during the last ten years?

Yes ☐ No ☐

If yes, indicate the nature of the offence and date of outcome……..

……

20. Have you ever been prosecuted before a Court of Law for any offence and subsequently found guilty during the last ten years?

Yes ☐ No ☐

If yes, give details …….

……....

21. Have you ever resigned or retired or been dismissed from the Public Service on any grounds whatsoever?

Yes ☐ No ☐

If yes, give details ……..…

……..

Date: …… ……....…..

Signature of Applicant

/3…

Section B (To be filled in by Human Resources Section of the Ministry/Department concerned)

a. **Record of sick leave (Days)** **Record of unauthorised absence (Days)**

2023: ……..…...… 2023:……..

2024: ……... 2024: ……...……..

2025 (to date): ……....…… 2025 (to date): ……...

b. **Report on Applicant**:

Work:……Conduct:……..…….....

Attendance: ……...……..…….…….....……

c. Whether the officer has been subject to disciplinary action during the last ten years. If in the affirmative, please give details:

…….....….…..….....

..……..

d. I certify that particulars given by Applicant in Section A have been verified and found correct, except:

……..……...…..

……..

e. Comments, if any, on experience claimed by Applicant and any other remarks.

……

……

Date: …….. ……..…..

(Signature of Officer)

Stamp of Ministry/Department

Name (in full): …….…….

Post held: …….…….....

Contact No. …….……..