APPLICATION FOR THE POST OF ASSAY LABORATORY AUXILIARY MINISTRY OF INDUSTRIAL DEVELOPMENT, SMEs AND COOPERATIVES

(Industrial Development Division)

Section A (To be filled in by Applicant)

1. 2.	Title (tick as appropriate) Surname (in block letters)	:													
3.	Other Names (in block let	ters):			• • • • • • • • •		• • • •				• • • •			• • • •	
4.	Date of Birth:	5	5. National	Identity No:								\mathbb{L}			
6.	Residential Address (in l														
7.	Tel (Office):														
8.	Present post held:	Present post held:													
9.	Date of Present Appoint	ment:													
10.	Present Posting: (i) Ministry/Department:														
	(ii) Plac	ee 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	То	Ministr	ry / Dep	oartn	nent	t		apaci empo	•	,	ıbsta	nti	ve/
16.	Educational Qualifications (<i>Please attach photocopy of certificates</i>): 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	ubject Grade		Subject											
17.	Any other qualifications	(Technical or													
18.	Experience relevant to	the post of	Assay Lab	oratory Auxi	liary (<i>L</i>	Эоси 	men	tary	evi	dence	e to		e a	ttac 	hed)
	Date:					 Si	gnat		 of A	 pplic		•••	• • • • • •	••••	•••••

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

(i)	Record of sick leave (Days)	Record of unauthorised absence (Days)							
	2020:	2020:							
	2021:	2021:							
	2022 (to date):	2022 (to date):							
(ii)	Report on Applicant:								
	Work:	Conduct:							
	Attendance:								
(iii) 	affirmative, please give details:	ect to disciplinary action during the last ten years. If in the							
		olicant in Section A have been verified and found correct, except							
• • • • •									
(v)	Comments, if any, on experience cla	imed by Applicant and any other remarks.							
••••									
••••									
Date	::	(Signature of Officer)							
Stan	np of Ministry/ Department								
		Name (in full):							
		Post held:							
		Contact No.							