

SPECIMAN FORM OF APPLICATION FOR THE
POST OF DEPUTY DIRECTOR GENERAL (MEDICAL SUPPLIES)
MINISTRY OF HEALTH, NUTRITION & INDIGENOUS MEDICINE.

01. (i) Name with Initials :
(ii) Name in Full :

02. Address
(i) Official :
(ii) Private :

03. Contact Numbers -
(i) Official :
(ii) Private :

04. Date of Birth -

Age (As at the closing date) Years: Months: Days:

05. Whether married or Unmarried -

06. (i) Date of appointment to Preliminary Grade :
(ii) Date of appointment to Grade II :
(iii) Date of appointment to Grade I :
(iv) Date of appointment to Deputy Director General Grade:

(Certified Photostat copies of the letters should be annexed).

07. Educational and Other Qualifications :

08. Professional and/ or Technical Qualifications :

09. Special Projects carried out pertaining to the relevant field :

10. Researches and publications in the relevant field :

11. Posts held to date :

<u>Post</u>	<u>Institution</u>	<u>Period</u>
-------------	--------------------	---------------

12. Details of No pay Leave :

<u>Reason</u>	<u>Duration</u>		<u>Total Period of No Pay Leave</u>		
	<u>From</u>	<u>To</u>	<u>Years</u>	<u>Months</u>	<u>Days</u>

13. Whether you have been subjected to disciplinary actions at any time, during the period of your Service and if so please give details :

14. Special Claims :

I do hereby certify that the particulars furnished above by me are true and accurate. Further I do agree with all terms and conditions stipulated in the circular calling for Applications.

Date:

Signature of Applicant

Recommendation and observations of the Head of Institution :

Date:

Signature of Head of Institution

Recommendation and observations of the Provincial Director of Health Services/ Provincial Secretary:

Date:

Provincial Director of Health Services/
Provincial Secretary