

10. Educational Qualifications :

G.C.E. (O/L)

I. Year of Examination :

II. Examination No. :

III. Examination Results :

Subject	Grade

G.C.E. (A/L)

I. Year of Examination :

II. Examination No. :

III. Examination Results :

Subject	Grade

11. Professional Qualifications :
.....
.....

12. Experience:
.....
.....

13. In case you have been dismissed from a post in the public service or you have been convicted by a Court of Law for any offence, details:-
.....

14. **Certification of the applicant:**

- (a) I do hereby honourary declare that the particulars furnished in this application are true to the best of my knowledge. I agree to bear any loss that may occur because of not completing some parts of this and/or not completing accurately and/ or completing inaccurately. Further I declare that I have completed all the parts accurately.
- (b) I know that the statement in the application which is found to be false will make me liable disqualification if the it is detected before the selection and for dismissal if detected after the selection.
- (c) I declare that I have carefully read all the matters of the notification of calling applications before completing the application and agree with all the matters and conditions herein mentioned.

.....,
Signature of the applicant.

Date:

15. **Attestation of the applicant's signature:**

I, certify that I personally know Mr./Mrs./Miss..... Presenting this application and he/she put his/her signature before me on

.....,
(Signature of the attester)

Date: -.....

Full name of the officer who attests the signature : -

Designation :-

Address : -

(Place the official frank)

16. **Certification of Head of the Department (Only for the applicants of Public Service and Provincial Public Service)**

I certify that (full name) who applies for this post is presently employed in this Ministry/ Department in Grade of service and he/she has not been subject to any kind of disciplinary offense and if he/she will be selected for this post, could be released from the service of this institute and his / her application is recommended and forwarded .

.....,
(Signature of the Head of the Department)

Date: -.....

Full name of the attesting officer: -.....

Designation: -.....

Address: -.....

(Should be proved by the official stamp)

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