

(No.01)

Application of Recruitment to the Post of Nurse Class 11 (B) at the Department of Prisons

1. Name with initials:
2. Name in full :
3. Date of birth:
4. Permanent Address:
5. Age at closing date of the application: Years..... Months Days
6. National identity card no:
7. Sex:
8. Civil Status:
9. Height: Feet..... Inches
10. Have you followed any course in relation to this carrier. if yes, give details:
11. Medium of the Examination:
12. Educational Qualifications:

(a) General Certificate of Education (Ordinary Level) Examination
District where candidate sat for the examination.

Year of the Examination:

Index No. :

No.	Subject	Grade

(b). General Certificate of Education (Advance Level) Examination

District where candidate sat for the examination..

Year of the Examination:

Index No. :

No.	Subject	Grade

13. Declaration of the candidate:

I declare that information given in this form is true and accurate to the best of my knowledge. I am also aware if I have provided any false information, my candidature will be cancelled before or after the examination and if so found after selection and I am liable to be dismissed from the service without compensation.

Date:

.....
Signature of the Applicant

14. Certification of applicant's signature:

This is to certify Mr./Mrs./Miss signed herewith personally known to me, and he/she placed her signature before me on .../...../2016.

.....

Signature of the Attester

Date.....

Full name of the Attester :

Designation of the Attester :

Address of the Attester :

Rubber Stamp:

15. Certification of the Head of the Department/Institution: (Only for candidates engaged in government / Provincial government / government corporations service)

I declare that the applicant, Mr./Mrs./Missis an employee of this Department/Institution from to His /Her work and conduct are satisfactory and that he/she is qualified to apply for this post as per the Gazette Notification and that he/she can be released/ cannot be released from service if selected to the post. (cut off unnecessary words)

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Signature of the Head of Department/Institution

Date :

Full Name :

Designation :

Address : (place the official stamp)