

(For office use only)

**Ministry of Finance, Planning and Economic Development  
Welfare Benefits Board**

**Application for the Post of .....**

**1.0 Personal Information :**

1.1 Name with Initials (In English block capitals) : .....

1.2 Name in full (In English block capitals) : .....

1.3 Permanent Address (In English block capitals) : .....

1.4 Temporary Address (In English block capitals) : .....

For 1.5 & 1.6, put the “√” mark in relevant box.

1.5 Gender : Male  Female

1.6 Civil Status : Married  Unmarried

1.7 National Identity Card No:

1.8 Date of Birth : Date   Month   Year

1.9 Age as at closing date of Applications : Date   Month   Year

1.10 Telephone No : Home

Mobile

1.11 Email Address : .....

**2.0 Graduation Information :**

2.1 Basic Degree : .....

2.2 University/ Institute : .....

2.3 Effective Date: .....

2.4 Do You have a class : Yes  No

If Yes, Please Specify : .....

**2.5 Post Graduate Information (If relevant)**

No.	Degree Name	University / Institute	Year
1.			
2.			

3.0 Professional Education:

No.	Course/ Diploma Name	Institute	Time Period
1.	Computer Course		
2.			

4.0 Job Experiences:

No.	Post / Designation	Institute	Period		No. of Years
			From	To	
1.					
2.					

5.0 Other Qualifications : .....

.....

.....

6.0 Declaration of the Applicant :

I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge.

.....  
Date

.....  
Applicant's Signature

7.0 (This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution:

I hereby certify that Mr./Mrs./Miss .....  
..... who is working in this institution, is working in the post of .....  
..... and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service.

Date .....

.....  
Signature of the Head of the  
Department or Authorized Officer.

Name :- .....

Designation:- .....

Institute :- .....