

**Social Protection Project
Welfare Benefits Board
Ministry of Finance, Planning and Economic Development
Senior Communication Officer/Project Officer (Finance)
Application Form**

POST APPLIED:

1.	Name in Full :														
2.	Name with Initials:														
3.	Permanent Address:														
4	Tel :						Fax :								
	Mobile						E-mail :								
5	National Identify Card No :														
6	Date of Birth :														
	Year :				Month :				Day :						
7	Age as at closing date of Applications:														
	Years :				Months :				Days :						
8	Civil Status :														
9	Citizenship :														
10	Higher Educational Qualifications [First Degree and Postgraduate Degree (s)]														
	University/ Institution	Degree	Class	Special or General Degree	Main Subject/Subjects		From- To	Effective date of Degree							

11	Professional Qualifications/Chartered Corporate Membership etc.						
	University/Institution	Examination passed	Specialization	Year of Passing			
12	Certificates (if any)						
	Course/Certificate	Field	Name of the Institution/University	Year			
13	Any other Academic Distinctions Scholarships, Medals, Prizes, etc. (indicate the Institution from which such awards have been obtained) and research and publications, if any						

14	Current Position									
	Designation	Institution	Brief Description of Duties			Time Period				
						From (dd/mm/yyyy)		To (dd/mm/yyyy)		
15	Previous Experience (Starting with present position and continue in reverse order)									
	Post/ Designation	Institution	Brief Description of Duties	Relevancy to the applied position	Time Period					
					From (dd/mm/yyyy)		To (dd/mm/yyyy)			
16	Proficiency in Languages (Please Mark' √'in the relevant cage)									
	Language	Written				Spoken				
		Very Good	Good	Satisfactory	Week	Very Good	Good	Satisfactory	Week	

17	Extra-Curricular activities :
18	Are you under any obligatory National Service (If yes, specify) :
19	If selected, what is the earliest date that you can assume duties :
20	Names of two nonrelative referees (with addresses and contact numbers) to whom reference can be made:
21	I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars furnished by me in this application are found to be false or incorrect before appointment, I am disqualified. If inaccuracy is discovered after selection, I will be dismissed the assignment without any compensation and liable to pay the remuneration gained to the Social Protection Project, Welfare Benefits Board. I am physically and mentally fit to work any part of the country and I assure that I have not been found convicted by a court or not found guilty by any internal disciplinary proceedings of any organization. Date: Signature:.....
22	(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 ofand 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 :

23	Note :
	If the sheets above are not sufficient, please use extra sheets, when & where necessary. Indicate the list of documents attached along with the application form. (a) (b) (c)