



	Date of Advertisement
1. Post Applied For	
2. National Identity No.:	
Title: Mr Mrs Miss	
Marital Status: Married Single Other: Other:	
Surname: (in block letters)	
Other Names: (in block letters)	······
Maiden Name: (if applicable):	
3. Residential Address (In block letters):	
Phone No.: Office:	ail add.:
Date of Birth: Age: Place of Bir	rth:
Nationality: Certificate No. (If Naturalised)	& Date:
4. Secondary Institution/s Attended:	Year From To
5(a). ACADEMIC QUALIFICATIONS	
Primary Level	
Certificate of Primary Education Examination Year	
Subject Grade:	
English French Mathematics EVS Science	ce Oriental Language

5 (b). Secondary Ordinary Le	evel			
State whether Cambridge S.C. o	or Cambridge G.C.E. or Lond	on General Certificate of Educat	ion (Ordinary Level)	
Month/Year Exam. Centr	re No Index No.	Month/Year Exam. Centr	e No Index No.	
Subject	Grade	Subject	Grade	
•••••				
Result Aggre	gate	Result Aggre	gate	
5 (c). Secondary Advanced La	 evel			
State whether Cambridge H.S.C. or Cambridge G.C.E. or London General Certificate of Education (A Level)				
Same whether cannot age states of cannot age of clear of London contrain of London (12 Lovel)				
Month/Year Exam. Centr	re No Index No.	Month/Year Exam. Cer	ntre No Index No.	
Subject	Level Grade	Subject	Level Grade	
Buoject	Level Glade	Bubject	Level Glade	
Level – Principal, Subsidiary, Advanced Subsidiary Level – Principal, Subsidiary, Advanced Subsidiary		Advanced Subsidiary		
Result		Result		

Note: Attach photocopies of marksheets/result slips and equivalence of certificates (if available) Examining Body: Country: Year: Certificate: Subject Grade Marks Percentage 7. TECHNICAL AND VOCATIONAL QUALIFICATIONS (e.g. Typing and shorthand, B.A.P., Technician Certificate, I.V.T.B. Certificate (NTC) etc.) (Attach photocopies of marksheets) Name of University/Examining Body: Country: Duration of Course/Study: From: To: Part Time Full Time Distance Education Specify (i) Exact qualifications obtained: (ii) Class/Division/Level: (iii) Date of Result: Subjects (State whether main/subsidiary/major etc where applicable)				
Examining Body: Country: Year: Certificate: Subject Grade Marks Percentage Analysis Percentage 7. TECHNICAL AND VOCATIONAL QUALIFICATIONS (e.g. Typing and shorthand, B.A.P., Technician Certificate, I.V.T.B. Certificate (NTC) etc.) (Attach photocopies of marksheets) Name of University/Examining Body: Country: Duration of Course/Study: From: To: Part Time Full Time Education Specify (i) Exact qualifications obtained: (ii) Class/Division/Level: (iii) Date of Result:				
Certificate: Subject Grade Marks Percentage 7. TECHNICAL AND VOCATIONAL QUALIFICATIONS (e.g. Typing and shorthand, B.A.P., Technician Certificate, I.V.T.B. Certificate (NTC) etc.) (Attach photocopies of marksheets) Name of University/Examining Body: Country: Duration of Course/Study: From: To: Part Time Full Time Education Specify (i) Exact qualifications obtained: Education (ii) Class/Division/Level: (iii) Date of Result:				
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Course/Study: From: To: Part Time□ Full Time□ Education□ Specify (i) Exact qualifications obtained:				
(ii) Class/Division/Level: (iii) Date of Result:				
(ii) Class/Division/Level: (iii) Date of Result:				
(iii) Date of Result:				
Subjects (State whether main/subsidiary/major etc where applicable)				
1. 4.				
2. 5.				
3. 6.				
8. DIPLOMA QUALIFICATIONS (Attach photocopies of marksheets)				
Name of University/Examining Body:				
Country:				
Duration of Course/Study: From: To: Part Time□ Full Time□ Distance Education□				
Specify (i) Exact qualifications obtained:				
(ii) Class/Division/Level: (iii) Date of Result:				

Subjects (State	e whethe	r main/subsidiary/maje	or etc wher	e applical	ole)		
1.				5.			
2.				6.			
3.				7.			
3.							
9. DEGREE/I	PROFES	SSIONAL QUALIFIC	CATIONS	(Attach pl	hotocopies of mar	ksheets)	
Name of Unive	ersity/E	xamining Body:					
Country:							
Duration of Course/Study:	,	From:	To:		Part Time□	Full Time□	Distance Education □
Specify		Exact qualifications	1		-1		
Бреспу		-					
	(ii)	Class/Division/Level	•				
	(iii)	Date of Result:					
Subjects (State	whether	r main/subsidiary/majo	or etc where	e applicab	ole)		
1.				5.			
2.				6.			
3.				7.			
							•
10. POSTGR	ADUAT	E DEGREE (Attach p	photocopies	s of marksi	heets)		
Name of Unive	ersity/E	xamining Body:					
Country: Duration of					Ī	T	Distance
Course/Study:		From:	To:		Part Time□	Full Time□	Distance Education □
Specify	(i) H	Exact qualifications of	btained:				
	(ii) (Class/Division/Level:					
	(iii) I	Date of Result:					
	· •	r main/subsidiary/majo					
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2.				6.			
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National Library

Application Form

11. Name Other Qualifications	as laid down in the adve	ertisement (e.g. Driving L	icense (Specify type)	, First Aid, IT,
etc. Specify year obtained)				
12. Experience and skills relev	ant to the post applied fo	or (Attach documentary ev	idence)	
_				
13. State Languages spoken ar	nd / or written:	•••••		•••••
14. Employment / Appointmen	t IN THE PUBLIC SER	VICE / PRIVATE SECT	OR:	
a) Present Employment	*Min /Dent /Drivete	Date From	Date To	Domoniza
a) Present Employment	*Min./Dept./Private Sector	Date From	Date 10	Remarks
1.	Sector			
b) Previous Employment	*Min./Dept./Private	Date From	Date To	<u>Remarks</u>
	Sector			
1.				
2.				
3.				

National Library

Application Form

15 (a). Have you ever been the subject of an investigation / enquiry for any offence during the last 10 years? Answer Yes or No
(b). Have you ever been prosecuted before a court of law for any offfence AND subsequently found guilty during
the last 10 years?
Answer Yes or No If Yes, give details (court, charge, date of judgment and sentence – e.g. imprisonment, fine, caution or conditional discharge):-
16. Have you ever resigned or retired or been dismissed from any previous employment on any grounds whatsoever? If yes, give details: -
17. Give name of two Referees (Please obtain prior approval)
(a) Name of Person:
(i)
(b) Occupation/Profession:
(i)
(c) Place of Work:
(i)(ii)
(d) Address of residence:
(i)(ii)
(e) Contact number:
Referee 1: Phone: Email: Mobile:
Referee 2: Phone: Email: Mobile:
18. IMPORTANT
Please ensure that you have completed all the sections, which are applicable to you. Check that the information you have given is clear and correct. It is an offence to give false information or to hide relevant information.
I declare that the particulars in this application and in the sheets attached thereto, are true and accurate and that I have not wilfully suppressed any material fact.
Date: Signature: