

TMSS JOB APPLICATION FORM Colour Photo (Please fill up the information following the instruction mentioned in the advertisement. Note that all information will be treated confidentially) **Position Applied for:** Reference of job advertisement: Write about TMSS (Maximum 50 words): Mention your willingness why you want to apply for such a performance based salary drawing Organization: Mention your permanent address with phone and email number: **COMPETENCY PROFILE** (Describe briefly, why you are fit for the position applied. Maximum 200 words) **PERSONAL DETAILS** Father's Name: Mother's Name: Date of Birth:



National ID No:										
Driving License:										
Passport Number (If yes):										
Present Address:										
elephone/Cell number: Work Station:		on:	Home:		Cell Phone:					
E-mail address:	-:									
Nationality:										
HISTORY OF RECENT JOB EXPERIENCE (IF ANY)										
Organization:	Address:									
ob Title: Salary:										
Job Start Date:	ob Start Date: Major responsibilities and duties (Maximum 10-15 points/ Lines:									
Duration of employment:										
	Н	IISTORY OF P	REVIOUS J	OB EXPERIENCE (IF	ANY)					
Position	Organization & Years of Experience			Major Responsibilities (Maximum in 5 points/lines						
[•					
L		!			 					
 					i ! !					
	EDUCATIONAL QUALIFICATIONS									
(Start with the highest qualification including formal and non-formal academic programs)										
Qualification/Name	of Exam	Grade /GP	A/Score	Year of Passing	Name of Institution					
! ! !		i ! !		i 	i 					
! ! !		; ; ; •		; ; ; ; ;	i 					
i ! !		! ! !		! ! ! !	 					
: 		! ! !		! ! ! !						
; ; ;		<u> </u>		! ! !	 					
! ! !		; ; ; ;		 	; ; ;					
; ! !		! ! !		! ! ! !						
Comment if any:										



PROFESSIONAL DEVELOPMENT TRAINING (IF ANY) (Please mention the program (s) that you think most important and relevant to the position you have applied for. Kindly use additional sheet if necessary)									
Training/Workshop/Seminar	Institution			Inclusive Dates					
		!							
; 		 							
* I I	 !								
L	 								
! L !	i 								
	REFERE	l NCFS							
(Provide detailed contact address of your three referees. One of them must be your present supervisor, if applicable.									
Name:	ential) Name:								
! !	Name:	; J							
Job Title:		Job Title:			Job Title:				
Mailing Address:	Mailing Address:	Mailing Address:							
Contact Numbers:	Contact Numbers:		Contact Numbers:						
E-mail address:	E-mail address:	E-mail address:			E-mail address:				
OTHER PERSONAL DETAILS									
Have you worked with TMSS earlier?	Yes	No							
If yes, mention duration, job title, pla	eaving below;								
}									
Any member of your family are working here in TMSS? (Give √ mark), If yes, mention									
the name and position:				.					
i 									
CRIMINAL RECORD Have you got any criminal convictions? (Give √ mark), If yes, please specify. Yes No									
Have you got any criminal conviction:		Yes	No						
	DECLARA	ATION							
confirm that the information provided above, and in any attachment, are correct and I understand that any false statement or information could result in my application or appointment being terminated.									
Signature (Electronic):					 				
Date:					 				
1 L									