Employees Trust Fund Board Application Form

Status	Dr.	Mr.	Mrs.	Miss.			
Name in Full (in English Block Letters)							
Name with Initials (in English Block Letters)							
							-
Permanent Address (in English Block Letters)							\pm
Letters)						$\frac{1}{1}$	+
Province District E-mail Andress Telephones Gender							
Bate of Birth	Date Mor	ıth Year	<u>-</u>				
Age as at Closing date \Box	Date Mor	nth Year					

02' Educational Qualifications (Attach Copies of Certificates)

I.	G.C.E.(Ordinary Level)	Index No	
	Examination	year	

Index No year	No	Subject	Grade	No	Subject	Grade
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No	Subject	Grade	No	Subject	Grade

03' Academic Qualifications (Attach Copies of Certificates)

University/ Institution	Period	Major Field	Degree	Class- if any	Year

04' Professional Qualifications (Attach Copies of Certificates)

Institution	Period	Field of Study	Qualifications	Year

05' Language Proficiency:

Language	Proficiency Fluent/ Very good/ Good/ Poor	Give the qualification if any

			I	
06' Employment l	Record: (Attac	h Service Certifi	cates)	
Place of Work	Position	From	То	Period
_	+			
07' Any other Ext	tra Curricular	Activities:		
07' Any other Ext	tra Curricular		District/ Inters	chool/ School Level
	tra Curricular		District/ Inters	chool/ School Level
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		National	District/ Inters	chool/ School Level
Event		National	District/ Inters	chool/ School Level Telephone No
Event 08' Two Non – Re	elated Referees	National	District/ Inters	
Event 08' Two Non – Re	elated Referees	National	District/ Inters	
Event 08' Two Non – Re	elated Referees	National	District/ Inters	
Event 08' Two Non – Re	elated Referees	National	District/ Inters	

correct to the best of r incomplete and / or inco	at the particulars in the particulars of the particular of the part	furnished by me in this application agree to bear the loss which is from part of this application. For true and correct to the best of a tion stated above.	may occur due to urther, I state that,
Date		Signature of application	
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signature in my presence		is personally known to me a	and placed his/ her
`	•	Candidates who Engage indof the Department / Ins	
who is working in this m	inistry/ Department	t/ Institution, is working in the p	oost of
work and conduct are s	atisfactory, no disc to impose any sucl	ciplinary action pending agains in the future. If he/ she will be service.	t him/ her and no
Date		Signature of	the head of the thorized officer

Name	
Designation	
Address	