TRUST FUND FOR SPECIALISED MEDICAL CARE Application Form B

1.	Post Applied for
	Date of Advertisement/Vacancy Circular
2.	National Identity No
	Title Mr Mrs Miss Miss
	Marital Status : Married ☐ Single ☐ Other :
	Surname:
	(in block letters) Other Names:
	(in block letters) Maiden Name (if applicable):
3.	Residential Address: (in block letters)
Ph	none No : Office
Da	ate of Birth Age Nationality
4.	Qualifications
4.1	Professional Qualifications (Attach photocopies of marksheets)
	Name of University/Examining Body
	Part Time
	Specify (i) exact qualifications obtained

	Subjects (State	ects (State whether main/subsidiary/major etc where applicable)					
			• • • • • • • • • • • • • • • • • • • •				
4.2	Post Degree Qu	ualifications (Atta	ch photocopies of	marksheets)			
	Name of Univer	rsity/Examining Bo	ody		Country		
	Duration of cou	rse/study: From		То			
	Part Time	Full Ti	me 🛮	Distance Education	. 0		
	Specify (i) ex	act qualifications of	obtained		. Class/Division/Level		
	(ii) Da	ate of result:					
	Subjects (State	whether main/sub	sidiary/major etc v	where applicable)			
				1			
	•••••					••••	
						••••	
		•••••				••••	
4.3	Other super sp	eciality qualificat	ions				
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4.4	Experience and skills relevant to the post applied for (Attach documentary evidence)						
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5.	Employment H	nstory					
	From	To	Insti	tutions	Post Held		

6.	(a) Have you been the subject of an investigation/enquiry for any offence during the last 10 years?					
	Answer Yes or No If Yes, indicate nature of offence and date of outcome.					
	(b) Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty?					
	Answer Yes or No If Yes, give details (court, charge, date of judgment and sentence-e.g. imprisonment, fine, caution or conditional discharge):-					
7.	IMPORTANT - PLEASE READ THE ADVERTISEMENT CAREFULLY. Incomplete, inadequate or inaccurate filling of the form may cause applicant's elimination from, consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his appointment.					
	DECLARATION					
	, the undersigned applicant, declare that the rticulars in this application are true and that I have not willfully suppressed any material fact.					
Da	ite:Signature:					