

**DIGITAL HEALTH CO. LTD (DHCL)  
APPLICATION FORM**

**POST APPLIED FOR:**

*Note: Candidates may apply for up to three (3) positions. All positions applied for should be clearly indicated in order of priority.*

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**SECTION A — PERSONAL DETAILS**

1. Title:  Mr     Mrs     Ms     Other: \_\_\_\_\_

2. Surname: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

3. Other names (in full): \_\_\_\_\_

4. National Identity Card (NIC) No.: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Residential Address:

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7. Contact Details:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B — ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

**8. Secondary Academic Qualifications:**

S.C / G.C.E 'O' Level			H.S.C / G.C.E 'A' Level		
SN	Subject	Grade	SN	Subject	Grade
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		

**Tertiary Academic Qualification(s)** *(Degree / Post Graduate qualifications — Documents to be attached)*

SN	Qualifications	Institution	Year Obtained
1			
2			
3			
4			
5			

**9. Professional / Technical Certifications (if any)**

SN	Certification / Course	Issuing Body / Institution	Year Obtained
1			
2			
3			
4			
5			

**SECTION C — PROFESSIONAL EXPERIENCE**

*Start with the most recent employment. If required, separate sheets can be enclosed for additional information.*

**10. Current / Most Recent Employment**

<b>Job Title:</b>	
<b>Employer:</b>	
<b>Period:</b>	From: _____ To: _____
<b>Key Responsibilities (brief):</b>	

**11. Previous Employment (if applicable)**

<b>Job Title:</b>	
<b>Employer:</b>	
<b>Period:</b>	From: _____ To: _____
<b>Key Responsibilities (brief):</b>	

12. Additional Previous Employment (if applicable)	
Job Title:	
Employer:	
Period:	From: _____ To: _____
Key Responsibilities (brief):	
<p><i>If required, separate sheets can be enclosed for Additional Previous Information with the same format as this table.</i></p>	

**SECTION D — GENERAL COMPETENCIES**

11. Please indicate your level of experience in the following areas (Tick as applicable)					
SN	Areas	None	Basic	Intermediate	Advanced
1	Communication and interpersonal skills				
2	Analytical skills and problem-solving abilities				
3	Ability to work in a team				
4	Project management and coordination				
5	Data management and reporting				
6	Relevance to Digital Health Systems				

**SECTION E — LEGAL AND EMPLOYMENT DECLARATIONS**

**12.** Have you ever been convicted of a criminal offence (excluding minor traffic offences)?

Yes     No

**If yes, please provide details:** *(a conviction does not automatically disqualify an applicant)*

**13.** Have you ever been dismissed for misconduct or serious breach of contract, or have you retired from any employment?

Yes     No

**If yes, please provide details:** *(a conviction does not automatically disqualify an applicant)*

**SECTION F — AVAILABILITY AND NOTICE**

**14. Notice Period Required (if currently employed):**     None     1 month     Other: \_\_\_\_\_

**SECTION G — REFEREES**

*Please provide two professional referees. Referees should not be family members.*

**Referee 1**

<b>Name:</b>	
<b>Designation:</b>	
<b>Organisation:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

**Referee 2**

<b>Name:</b>	
<b>Designation:</b>	
<b>Organisation:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

**SECTION H — DATA PROTECTION AND DECLARATION**

**15. Data Protection Notice**

The personal data collected is meant for recruitment purposes only. Information provided will be treated confidentially and will not be disclosed to third parties except where required by law.

**16. Declaration by Applicant**

I, the undersigned, declare that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification or termination of employment.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SUBMISSION OF APPLICATION**

Completed Application Forms should be addressed to:

**The Officer in Charge,**

**Digital Health Co. Ltd,**

**Level 4, NexSky Building, Ebene**

Forms are available on: <https://health.govmu.org/>