

MINISTRY OF GENDER EQUALITY AND FAMILY WELFARE

**APPLICATION FOR THE POST OF DRIVER IN THE MINISTRY OF
GENDER EQUALITY AND FAMILY WELFARE**

PART A: To be filled in by APPLICANT

1. Title : Mr ☐ Mrs ☐ Miss ☐
(please tick as appropriate)
2. Marital Status : Married ☐ Single ☐ Other :
(please tick as appropriate)
3. Surname :
(In block Letters)
4. Other Names :
5. Maiden Name (if applicable):
6. Date of Birth :
7. National Identity Card No. :
8. Sex (Please Tick) : Male ☐ Female ☐
9. Tel (Office) : Tel (Mobile):
10. Full Residential Address (in block letters) :
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11. Date joined service :
12. Post/Capacity when employed :
13. Date of First Appointment :
14. Date transferred on PPE :
15. Present Appointment :
16. Date of Present Appointment :
17. Posting: (i) Present Ministry/Department:
(ii) Place of Work:
18. Previous appointment/s held in the Public Service and in what grade/capacity

Post	From	To	Ministry/Department

19. Educational Qualifications

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20. Experience relevant to the post applied for (*Attach documentary evidence of experience claimed*)

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21. Have you ever been subject to disciplinary action? *Please tick as appropriate.*

Yes ☐

No ☐

If yes, indicate nature of offence and date of outcome.

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DECLARATION

I,,
the undersigned applicant, declare that the particulars are true and correct.

Date:

Signature of Applicant:

**Part B: To be filled by Human Resources Section of the Ministry/Department where
Applicant is posted**

(i) Statement of sick leave and unauthorized leave

Year	Sick leave	Leave without pay	Unauthorized absences
2021			
2022			
2023			
2024 till date			

(ii) **Report on Applicant:**

Conduct:

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Work:

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Attendance:

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- (iii) Whether officer has been subject to disciplinary action for the past ten years (If yes, please specify)

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- (iv) Comments, (if any), on experience claimed and any other remarks.

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- (v) I certify that the particulars given in PART A and B(i), (ii) and (iii) have been verified and found correct, except:

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Signature:

Name (in full) :

Designation:

Contact No.:

Date :

**Seal of
Ministry/Department**