## MINISTRY OF YOUTH AND SPORTS

## APPLICATION FOR THE POST OF CARETAKER (ON ROSTER)

## PART A (To be filled in by the Applicant)

1.	Title:		tick as ap	Mrs □ propriate)	Miss		Ms					
2.	Marit	al Status: <i>(Please</i>	Marr tick as ap	ied □ propriate)	Single	e 🗆		Other				
3.	Surname: (In block letters)											
4. Other Names: (In block letters)												
	Maid	Maiden Name (if applicable):										
5.	Date of Birth:											
6.	National Identity Card No:											
7.	Residential Address:(In block letters)											
8.	Telephone No: Office Mobile											
9.	Present post held: (whether temporary/substantive)											
10.	. Date of Present Appointment:											
11.	Posting											
12.	Date joined service :											
13.	Date of 1st Appointment:											
14.	Date transferred to Permanent and Pensionable Establishment:											
15.	5. Previous appointment held in the Government Service.											
		Appoint	ment	From		To	)	Ministry/Department				
	-											

	(i)	Primary :							
	(ii)	Secondary :							
	(iii)	Other:							
17. Pr	esent	Salary per month : Rs							
18. Exclaime		nce relevant to the post applied for (attach documentary evidence of experience							
19(a)	Hav	ve you been the subject of a disciplinary action during the last 5 years?							
	Yes (Plea	□ No □ ase tick as appropriate)							
	If Yes	s, indicate nature of offence and date of outcome.							
19(b)	Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?								
	Yes (Plea	□ No □ ase tick as appropriate)							
	if Yes, give details (court, charge, date of judgement and sentence – eg. Imprisonment, fine, caution or conditional discharge) :-								
		DECLARATION							
I,		, the undersigned applicant, declare that							
the par	rticula	rs in this application are true and accurate.							
Date :		Signature of Applicant:							

16. Academic Qualifications (Please attach copy of Educational Qualifications)

## PART B (To be filled in by the Ministry/Department concerned)

1.	I certify that the particulars given in Part (a) above are correct in respect of the following items:								
2.		lease (	give details.		y action during the last five years? Yes/No.				
3.	Does the applicant have any experience as Caretaker (please submit documentary evidence, if any).								
4.	Stateme	tement of sick leave and unauthorized absences without pay taken by applicant.							
	(ii)	Recor	d of Sick Leave		Record of unauthorised absence				
		2015	5:		2014:				
		2016	2016: 2017:		2015:				
		2017			2016:				
		2018	B(to date):		2017(to date):				
5.	Report	on appl	icant:						
		Con	duct:						
		Wor	<u>;</u>						
			Attendance						
Stamp c	of			Signature	e :				
Ministry/	/Depart	ment		Name (in full):					
					d::				
				Dato					

RI/HR/2018