

For office use only

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## National Child Protection Authority

### Application for the Post of Information Technology Officer (J.M 1.1)

#### 1. Personal Details

Name in Full Rev./ Mr./Mrs./Miss			
Name with initials			
Date of Birth / Age	Date :	Month:	Year: Age:
Sex	Male:	Female :	
National Identity Card No /Passport No			
Civil Status	Married:	Single:	
Nationality			
Permanent Address			
Contact Numbers			
E-mail Address			

#### 2. Education/Professional Qualifications

##### 2.1 Degree Qualifications

	<i>Degree</i>	<i>Name of the University/ Institution</i>	<i>Class/Grade obtained</i>	<i>Date of Award</i>	<i>Effective date of degree</i>
1					
2					

##### 2.2 Post Graduate Degree Qualifications

	<i>Degree</i>	<i>Name of the University/ Institution</i>	<i>Date of Award</i>	<i>Effective date of degree</i>
1				
2				
3				
4				

## 2.3 Professional Qualifications

(Chartered Qualifications / Memberships / Registrations / Post graduate Diploma /Advanced Diploma/ Diploma / National Vocational Qualification (NVQ)/ Certificate Qualifications / (Including Computer, Language etc.)

	<i>Qualification</i>	<i>Field</i>	<i>Name of Institution</i>	<i>Date of Award</i>	<i>Duration</i>
1					
2					
3					
4					

## 3. Working Experience

	<i>Employer/ Institution</i>	<i>Designation</i>	<i>From –To</i>	<i>Number of Years</i>	
				<i>years</i>	<i>Months</i>
1					
2					
3					
4					

## 4. Extra Curricular Activities

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## 5. Other Achievements (Including Leadership, Managerial, Research, Project Involvements, Experience, Publications etc.)

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**6. Any other particulars (Not included above)**

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**7. Two Non Related Referees**

Name		Designation	Address	Contact Details (TP Number & Email)
1				
2				

8. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

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Signature of Applicant

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Date

**9. Recommendation of the Head of the Institution**

(For the applicants who are already in the service of Government Departments/ State Corporations/ Statutory Boards)

I recommended and forwarded herewith the application of Mr/ Ms/ Mrs .....for the above post and agree/ do not agree to release him/her in case selected to the post applied for.

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Date

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Head of the Institution (Official Stamp)