

For office use

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National Child Protection Authority

Application for the Post of Video Technical Assistant (MA 2.1)

01. 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			

02. Educational/Professional Qualifications

2.1 G.C.E. (O/L) Examination Year: Index No:.....

	Subject	Grade		Subject	Grade
1			6		
2			7		
3			8		
4			9		
5			10		

2.2 G.C.E. (A/L) Examination Year: Index No:.....

	Subject	Grade
1		
2		
3		
4		

2.3 Degree Qualifications

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

2.4 Post Graduate Degree Qualifications

	Degree	Name of the University/ Institution	Date of Award	Effective date of degree
1				
2				
3				

2.5 Professional Qualifications

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

	Qualification	Field	Name of Institution	Date of Award	Duration
1					
2					
3					
4					

03. Working Experience

	Employer/ Institution	Designation	From –To	Number of Years	
				Years	Months
1					
2					
3					

04. Extra Curricular Activities

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

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06. Any other particulars (Not included above)

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07. 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/ Mrsfor 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)