

**Specimen Form of Application**

**Recruitment to the Post of Principal Public Health Inspector of the Ministry of Health.**

Part-01: To be filled by the relevant officer himself.

1.    a)    Name with Initials: .....
- b)    Name in Full: .....
- c)    National Identity Card No.: .....
- d)    Date of Birth: .....
- Age as at the closing date of applications:-Years.....Months.....Date.....
  
2.    Institution/Hospital where the officer is serving: .....
  
3.    a)    Official Address: .....
- b)    Official Telephone No:.....
- c)    Private Address: .....
- d)    Personal Telephone No: .....
  
4.    a)    Date of Recruitment to the Training: .....
- b)    Date of confirmation in the appointment: .....
- c)    Date of promotion to Segment II "A": .....
- d)    Date of promotion to Grade I: .....
- e)    Date of completion of Efficiency Bar Examination for Grade I:-.....
- f)    Date of promotion to Supra Grade:-.....
- (Attach certified copies of the said letters of promotion)
  
5.    a)    Whether the candidate holds the Certificate of Royal Society of Health/Diploma  
          Certificate of the National Institute of Health Sciences:.....
- b)    Details of special qualifications, if any:.....  
          .....

6. During the period of service from the date of promotion to Grade I to 31.12.2022,
- a) Have all salary increments been earned by the due date? .....
  - b) If not, give reasons, and mention the period during which salary increments have been deferred: .....
  - .....
  - c) Should attach certified copies of the certificates of increment from 2017.
  - d) Should attach copies of performance appraisal reports from 2017.

7. Particulars of leave obtained by the officer during the service period from the date of promotion to Grade I to 31.12.2022: (Leave particulars of each year should be attached.)

- a) Periods of leave on no-pay/half pay/ other, if obtained:

.....

8. a) Have you been subjected to any disciplinary inquiry or disciplinary punishment during the service period of 05 years immediately prior to the closing date of application:

.....

- b) Particulars, if any: -

.....

.....

I certify that the above particulars are true and correct. I am also aware that if any particulars contained herein are found to be false or incorrect before appointment I am liable to be disqualified and if so found after offer appointment. I am liable to be dismissed from the service without any compensation.

.....

Date

.....

Signature of the Applicant

**Part-02: Recommendation of the immediate Supervising Officer: -**

If Mr. ....who is serving in the post of Public Health Inspector under my supervision, has satisfied the required qualifications, I recommend him to appoint to the Post of Principal Public Health Inspector of the Ministry of Health.

.....  
Date

.....  
Signature and Official Stamp of the Officer  
in Special Grade / Head of the Branch

**Part-03: To be filled by the officer-in charge of the subject according to the personal file of the officer concerned.**

I hereby certify that all the particulars furnished from 01-08 in the application are correct according to the personal file of the officer concerned.

.....  
Date

.....  
Signature of the officer-in charge of the subject

**Part-04: Recommendation of the Administrative Officer**

I certify that all the particulars furnished from 01-08 in the application of the officer concerned are correct, and recommend the application.

.....  
Date

.....  
Signature of the Administrative Officer

**Part-05: Recommendation of the Head of Institution**

I certify that all information furnished above of Mr.....who is holding the Post of Public Health Inspector, is correct, he has been promoted to Grade I/Supra Grade of the Post of Public Health Inspector from the date of ....., and has completed a continuous and satisfactory service period of 05 years as at the closing date of application. I recommend this application submitted for the recruitment to the Post of Principal Public Health Inspector of the Ministry of Health.

.....  
Date

.....  
Signature and Official Stamp of the Head of Institution