



National Library Application Form



RF. No. 062
MS ISO. 9001:2008

1. Post Applied For	<i>Date of Advertisement</i>
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2. National Identity No.:

Title: Mr Mrs Miss

Marital Status: Married Single Other:

Surname:
(in block letters)

Other Names:
(in block letters)

Maiden Name: *(if applicable)*:

3. Residential Address *(In block letters)*:

.....

Phone No.: Office: Home: Mobile: Email add.:

Date of Birth: Age: Place of Birth:

Nationality: Certificate No. *(If Naturalised)* & Date:

4. Secondary Institution/s Attended:	Year	From	To
.....
.....
.....

5(a). ACADEMIC QUALIFICATIONS

Primary Level

Certificate of Primary Education Examination Year

Subject Grade:

English French Mathematics EVS Science Oriental Language

National Library Application Form

5 (b). Secondary Ordinary Level

State whether Cambridge S.C. or Cambridge G.C.E. or London General Certificate of Education (Ordinary Level)

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Month/Year	Exam. Centre No	Index No.	Month/Year	Exam. Centre No	Index No.
_ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Subject			Subject		
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Result			Result		
Aggregate			Aggregate		

5 (c). Secondary Advanced Level

State whether Cambridge H.S.C. or Cambridge G.C.E. or London General Certificate of Education (A Level)

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Month/Year	Exam. Centre No	Index No.	Month/Year	Exam. Centre No	Index No.
_ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Subject			Subject		
.....				
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.....				
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.....				
Level – Principal, Subsidiary, Advanced Subsidiary			Level – Principal, Subsidiary, Advanced Subsidiary		
Result			Result		

National Library Application Form

6. Other Higher Qualifications (e.g. *Baccalaureat, Matriculation, Secondary & Higher Secondary Certificates from Overseas*).

Note : Attach photocopies of marksheets/result slips and equivalence of certificates (if available)

Examining Body:

Country:

Year:

Certificate:

Subject	Grade	Marks	Percentage

7. TECHNICAL AND VOCATIONAL QUALIFICATIONS (e.g. *Typing and shorthand, B.A.P., Technician Certificate, I.V.T.B. Certificate (NTC) etc.*) (Attach photocopies of marksheets)

Name of University/Examining Body:

Country:

Duration of Course/Study:	From:	To:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Distance Education <input type="checkbox"/>
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Specify

(i) **Exact qualifications obtained:**.....

(ii) **Class/Division/Level:**.....

(iii) **Date of Result:**.....

Subjects (State whether main/subsidiary/major etc where applicable)

1.	4.
2.	5.
3.	6.

8. DIPLOMA QUALIFICATIONS (Attach photocopies of marksheets)

Name of University/Examining Body:

Country:

Duration of Course/Study:	From:	To:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Distance Education <input type="checkbox"/>
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Specify

(i) **Exact qualifications obtained:**.....

(ii) **Class/Division/Level:**.....

(iii) **Date of Result:**.....

National Library Application Form

Subjects (<i>State whether main/subsidiary/major etc where applicable</i>)	
1.	5.
2.	6.
3.	7.

9. DEGREE/PROFESSIONAL QUALIFICATIONS (<i>Attach photocopies of marksheets</i>)					
Name of University/Examining Body:					
Country:					
Duration of Course/Study:	From:	To:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Distance Education <input type="checkbox"/>
Specify	(i)	Exact qualifications obtained:			
	(ii)	Class/Division/Level:			
	(iii)	Date of Result:			
Subjects (<i>State whether main/subsidiary/major etc where applicable</i>)					
1.	5.				
2.	6.				
3.	7.				

10. POSTGRADUATE DEGREE (<i>Attach photocopies of marksheets</i>)					
Name of University/Examining Body:					
Country:					
Duration of Course/Study:	From:	To:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Distance Education <input type="checkbox"/>
Specify	(i)	Exact qualifications obtained:			
	(ii)	Class/Division/Level:			
	(iii)	Date of Result:			
Subjects (<i>State whether main/subsidiary/major etc where applicable</i>)					
1.	5.				
2.	6.				
3.	7.				

National Library Application Form

11. Name Other Qualifications as laid down in the advertisement (e.g. Driving License (Specify type), First Aid, IT, etc. Specify year obtained)

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12. Experience and skills relevant to the post applied for (Attach documentary evidence)

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13. State Languages spoken and / or written:

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14. Employment / Appointment IN THE PUBLIC SERVICE / PRIVATE SECTOR:

a) Present Employment	*Min./Dept./Private Sector	Date From	Date To	<u>Remarks</u>
1.				
b) Previous Employment	*Min./Dept./Private Sector	Date From	Date To	<u>Remarks</u>
1.				
2.				
3.				

**National Library
Application Form**

15 (a). Have you ever been the subject of an investigation / enquiry for any offence during the last 10 years?

Answer Yes or No If Yes, indicate nature of offence and date of outcome.

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.....
.....

(b). Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?

Answer Yes or No If Yes, give details (court, charge, date of judgment and sentence – e.g. imprisonment, fine, caution or conditional discharge):-

.....
.....
.....

16. Have you ever resigned or retired or been dismissed from any previous employment on any grounds whatsoever?

If yes, give details: -

17. Give name of two Referees (Please obtain prior approval)

(a) *Name of Person:*

(i) (ii)

(b) *Occupation/Profession:*

(i) (ii)

(c) *Place of Work:*

(i) (ii)

(d) *Address of residence:*

(i) (ii)

(e) *Contact number:*

Referee 1: Phone: Email: Mobile:

Referee 2: Phone: Email: Mobile:

18. IMPORTANT

Please ensure that you have completed all the sections, which are applicable to you. Check that the information you have given is clear and correct. It is an offence to give false information or to hide relevant information.

I declare that the particulars in this application and in the sheets attached thereto, are true and accurate and that I have not wilfully suppressed any material fact.

Date:

Signature: