



THE REPUBLIC OF THE GAMBIA
FORM 17A
CONFIRMATION IN APPOINTMENT (GRADE 1 AND 2)
(PUBLIC SERVICE COMMISSION REGULATION 14 & 27)
FORM TO BE COMPLETED IN DUPLICATE

A. PERSONAL DETAILS:

Name..... Date of Birth.....
 Payroll No.....
 Ministry.....
 Department/Unit.....
 Present Appointment:
 Date of first appointment in present post.....
 Date of first appointment to pensionable post.....
 Trial / Probationary period.....

Confirmation by Applicant's Supervisor

I confirm that the details provided for the above named person are accurate and have been verified and certified;

Name of Supervisor..... Designations.....
 Signature..... Date.....

B. MEDICAL CERTIFICATE

I Dr. (Name in full)hereby certify that;
Mr./Mrs./Ms.....Has been examined and found
 fit/unfit to be confirmed in his/her appointment as.....
 on the Permanent and Pensionable Establishment.
 Signature..... Date

C. RECOMMENDATION BY DIRECTOR, HEALTH SERVICES

NAME:
 SIGNATURE:

DATE:

D. REPORT AND RECOMMENDATION BY HEAD OF DEPARTMENT

NAME.....

DESIGNATION.....

SIGNATURE.....

DATE.....

E. DECISION

Confirmation approved/not approved

SIGNATURE.....

Date.....

PERMANENT SECRETARY