

PHOTOGRAPH

REPUBLIC OF

THE GAMBIA

FORM 16A

1.	Name in Full					
	(Surname first in block capitals)					
	Nationality	Place of Birth				
2.	Date of birth					
		(Day, Month, Year)				
	Contact Address	(Day, Month, Year) Tin No				

4. Education

No.	Name(s) of School	Per	riod	Exams Passed	Grade/Level
		From dd/mm/yyy	To dd/mm/yyy		
1					
2					
3					

5. Examinations

Exar	xaminations Passed: Give dates and subjects, and attach copies of original certificates and testimonials		
No.	Examination	Date	
1			
2			
3			
4			

6. Employment History

No.	Position Occupied	From	То	Reason for leaving			
1							
2							
3							
4							
(a) Have you ever been employed in Government Service? <i>If yes, complete section 7(b</i>). Yes No							
(b)							
	Comments						
	Signature	Nar	ne (in ca	pitals)			
Department/Ministry							
				Date			
(c)	Have you sat for the Civil Service Entrance Examination? Yes No						
(d)	Do you have any additional skills? Yes 🗌 No 🗌						
	Commonte						
	Comment:						
Two (2) Referees						
Nam	e	Nam	e				
Addr	ess	Addı	ess				
Occupation			Occupation				
Period during which he/she has known you			od during	g which he/she has known you			