POSTGRADUA	TE INSTITUT		NCE (PG	IS)	
Application for	Admission to t Science Edu	_	For Office	in Use Only	
Please select ($$) one of the following areas of Biology Education Chemi Education	f specialization. stry Education	L Mathematics Edu		Physics	
FULL NAME: (Mr./Miss/Mrs./)					
MAILING ADDRESS:		Pho	one: :: nail:		
HOME ADDRESS:			one:		
DATE AND PLACE OF BIRTH: CIVIL STATUS: SEX (M/F):			CITIZENSHIP: NATIONAL ID NO.:		
CURRENT EMPLOYMENT (<i>If applicable</i>) DESIGNATION & ADDRESS: NATURE OF DUTIES PERFORMED: YEARS OF SERVICE: NAME & DESIGNATION OF EMPLOY					
EDUCATIONAL QUALIFICATIONS (incl Please attach photocopies of certificate/s.	uding postgraduate quali	fication/experience).	:		
University/Institute	Degree/Diploma	etc. Y	ear	Class/grade	

RESEARCH PUBLIC <i>A (If necessary attach a sep</i>	· • •				
TEACHING AND OTHE	ER PROFESSIONAL EXP	ERIENCE SINCE GRADU	JATION:		
Period		School/Institute	Subjects Taught		
From	To				
	Г OF PROGRAMME FE By employer / Other (Specif				
(Preferably a School Princip Please arrange for reports Director, Postgraduate In	SES OF TWO REFEREES pal/Director of Education/Uni is to be sent before the deadl institute of Science, P O Bo pownloaded from the PGIS v	versity Teacher) line for receipt of complete ox 25, University of Perade			
1.		2.			
I declare that the particula other postgraduate progra		to the best of my knowledg	ge and that I am currently NOT following any		
Date:		Signature of Applicant:			
	a postgraduate programme a lete the degree or cancel regis		r and follow any other postgraduate programme at		
	UDY LEAVE (applicable t itled to study leave for the		:		
RECOMMENDATION (OF THE HEAD OF THE IN	NSTITUTION:			
			s a teacher/educator presently attached to my (subject) for the last years.		
	eleased on full/part-time ba		is selected for the above programme		
			d of the Institution/the School Principal		
Name:		Designatio	on		
Date:		Official	Stamp:		