

Ministry of Education

**ADMISSION OF TEACHERS WHO HAVE PASSED THE GENERAL ARTS QUALIFYING
(EXTERNAL) EXAMINATION HAVING OFFERED ENGLISH AS A SUBJECT OR
FIRST EXAMINATION IN BACHELOR OF SCIENCE (EXTERNAL) DEGREE PROGRAMME
Academic Year 2020/2021**

1. (i) Name with initials :
(ii) Name in full :
2. National Identity Card No. :
3. Sex :
4. (i) Post : (ii) Grade :
5. Contact Address :
(i) Official :
(ii) Private :
6. Telephone: (i) Residence : (ii) Mobile :
7. E-mail :
8. Present place of work:
(i) School :
(ii) Zone :
(iii) District :
(iv) Province :
9. (i) Date of first appointment :
(ii) Date of confirmation :
(iii) Period of service (from the date of appointment to the closing date of applications)
Days : Months : Years :
10. Registration number as a teacher :
11. (i) Date of birth :
Date : Month : Year :
(ii) Age (as at closing date of applications):
Years : Months: Days :

12. Details of qualifying examination (A certified copy of the results sheet issued by the university should be attached)

(i) Examination :

(ii) University :

(iii) Results :

	Subject	Year Qualified	Marks	Grades
1.				
2.				
3.				
4.				
5.				

13. Name of the degree programme and subjects you wish to follow:

(i) Name of the Degree:

(ii) Subjects: 1)

2)

3)

14. If selected, indicate the universities you wish to admit according to your order of preference:

1)..... 2).....

3)..... 4).....

15. State whether you have already registered to follow another course in any Teachers' Training College, College of Education, University or National Institute of Education.
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If "Yes" provide details:

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.....

I certify that the above particulars are true and correct to the best of my knowledge.

.....

Date

.....

Signature of the Applicant

I certify that Rev./Mr./Mrs./Ms..... is serving as a(Post/Grade) at (Name of the school) with effect from and his /her last salary was paid from this school . He/ She can be /cannot be released to follow the above course of study.

I approve / do not approve the study leave required for the applicant (if you do not recommend study leave, please give reasons).

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.....
.....

Recommended / Not Recommended

Date :

Address :

.....

The Principal
(Signature and the Official Seal)

Recommended / Not Recommended

Date :

Address :

.....

Zonal Director
(Signature and the Official Seal)

Recommended / Not Recommended

Date :

Address :

.....

Provincial Director
(Signature and the Official Seal)