

RABINDRANATH TAGORE INSTITUTE

Address: Ilot, D'Epinay **Tel:** 243 7581, 243 9469 **Fax:** 243 9470

Application Form For Office Use Post Applied for..... Subject..... (if applicable) This form must be submitted along with photocopies of your birth and educational certificates Section A - Personal Details Surname: (in block letters) Maiden Name (if applicable): Other Names: Title: (Mr, Mrs, Miss)..... Date of Birth: Age last birthday:.... Marital Status: Married / Single * Tel. No.:.... Address:..... Mob No.:.... Nationality:.... ID No.:.... (if naturalized give number & date of certificate and attach copy of the Certificate) **Section B: Qualifications Primary Education** Results of Primary School Leaving Certificate Year:..... **Subject Subject** Grade Grade Result: PASSED Result: FAILED B.2. **Secondary Education** Secondary Institution/s attended Name of School From To

^{*} Please delete as appropriate

B.3. Detailed Results of School Certificate / London GCE 'O' Level

Year:					
Subject	Grade	Subject		Grade	
	ts of Higher Sc	hool Certificate / London GCE 'A' Le Year:			
Year: Subject Grade		Subject		Grade	
Name of Institution/s attended		ic, Professional, Technical) Qualification/s obtained in case of degree specify Hons/Gen/Special/etc.	Year	Details of Course/s Subjects taken	

B.6.	Other qualification with	ı details					
Name o	of Institution	Course	Results	Year	Subjects taken		
B.7.	Courses / Seminars atte	ended					
				From	То		
				From	To		
				From	То		
				From	То		
Sectio	n C: Employment						
C.1	Give details of previous	Employment					
	Name of previous Employ	ver/s	Dates	Post he	eld		
(i)							
(ii)							
(iii)							
C.2	Present Employer:						
Post h	eld:		Date joined:				
Presen	ıt Salary:						
Period	of notice required by Emp	loyer:					
Section	n D:						
D.1.	Have you ever been subje	ect to criminal proce	eedings which have re	sulted in a conviction?			
				Yes / No *			
D.2.	Have you ever resigned o body or from any Local A		been discharged fron	n the public service or t	from a para-statal		
	If the answer to either D.1 or D.2 is 'Yes', please give details.						

^{*} Please delete as appropriate

D.3.	REFEREES (State the names, addresses and telephone numbers of two persons who know you personally and / or professionally and whom the Institute may contact. They should not be related to you)					
1.	Name:	2.	Name:			
	Address:		Address:			
	Tel. No.:		Tel. No.:			
	Position held:		Position held:			
Section	n E					
Declar	ration and Signature					
	connection with this application is true and correct.		, declare that the information provided by			
Signatı	ıre:		Date:			

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To be filled by all applicants

Post:		Surname:		For Office Use
Field:	(where applicable)	Maiden Name:	(if applicable)	
Phone No.:		Other Names:		
Mobile No.:		Address:		
				Date: Signature:

Year		Qualifications	Employment / Evyorion as	Oth on Delevient Information	
	Secondary	Post-Secondary	Professional	Employment / Experience	Other Relevant Information