

MINISTRY OF EDUCATION AND HUMAN RESOURCES,
TERTIARY EDUCATION AND SCIENTIFIC RESEARCH

APPLICATION FOR DIPLOMA IN EDUCATIONAL MANAGEMENT
PROGRAMME (DEM Level I and II)

SURNAME: (Mr/Mrs/Miss*)
(* delete as appropriate) (in block letters)

OTHER NAMES:
(in block letters)

MAIDEN NAME: (if applicable)

DATE OF BIRTH: AGE:

FULL RESIDENTIAL ADDRESS:

.....

TEL No.: (Residence) (Mobile): (Office):

DESIGNATION:

STATE WHETHER G.P OR O.L:

[In case of O.L PLEASE SPECIFY LANGUAGE:

DATE OF PRESENT APPOINTMENT:

PRESENT POSTING:

QUALIFICATION:

(State also whether holder of ACE/CEM/ACEM/TDP/DEGREE)

DATE AWARDED: ACE:

CEM:

ACEM:

TDP:

DEGREE:

Photocopy of above Certificates for "ACE/CEM/ACEM/TDP/DEGREE" should be submitted.

Failure to produce same may entail your elimination from the selection exercise.

Date:

.....

Signature of Applicant

FOR OFFICE USE ONLY

Checked and found correct.

Name:

Designation:

Date:

.....

Signature