

ORIGINAL



ADDRESS

DATE _____ 20 _____

The Chairman
Civil Service Commission,
Gombe.

APPLICATION FORM FOR UP-GRADING/ADVANCEMENT

1. NAME: _____
2. DATE OF BIRTH: _____
3. MIN/DEPARTMENT: _____
4. PRESENT POST: _____
5. DATE OF FIRST APPOINTMENT: _____
6. DATE OF PRESENT APPOINTMENT: _____
7. NAME OF INSTITUTION (UNDER-GRADUATE/GRAUDTE) _____

8. QUALIFICATION OBTAINED: _____
9. PROPOSED POST FOR UP-GRADING/ADVANCEMENT: _____
10. SALARY SCALE OF POST FOR WHICH YOUR UP-GRADING/ADVANCEMENT
TAKES EFFECT: _____
11. STATE CIVIL SERVICE APPLICABLE: _____
12. GAZETTE NOTICE OF FA/PA (IF ANY): _____

SIGNATURE OF APPLICANT

PART II: TO BE COMPLETED BY PERMANENT SECRETARY / HEAD OF DEPARTMENT

- FILE NO: _____
- DATE: _____
- CAN APPLICANT BE RELEASE WITHOUT REPLACEMENT? _____
- REMARKS: _____
- TERMS OF SERVICE (E.G) CONFIRMATION, CONTRACT, ADDT, ETC: _____
- APPLICANT'S STATE OF ORIGIN: _____

PERMANENT SECRETARY/HEAD OF DEPARTMENT
DATE: _____ 20 _____

