

ORIGINAL



ADDRESS

DATE _____ 20 _____

The Chairman
Civil Service Commission,
Gombe.

APPLICATION FORM FOR SECONDMENT

1. NAME: _____
2. DATE OF BIRTH: _____
3. MIN/DEPARTMENT: _____
4. POST: _____
5. DATE OF FIRST APPOINTMENT: _____
6. EDUCATIONAL QUALIFICATION: _____
7. DATE OF PRESENT APPOINTMENT: _____
8. ORGANIZATION REQUIRING YOUR SERVICE: _____
(A) POST/RANK OFFERED: _____
(B) DURATION (INITIAL/EXTENSION): _____
(C) SALARY SCALE OF POST WHICH YOU HAVE BEEN OFFERED: _____
9. STATE CIVIL SERVICE APPLICABLE: _____
10. 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: _____

TERM OF SERVICE (E.G) CONFIRMATION, CONTRACT, ADDT, ETC: _____

APPLICANT'S STATE OF ORIGIN: _____

PERMANENT SECRETARY/HEAD OF DEPARTMENT
DATE: _____ 20 _____