S.N.:

MINISTRY OF AGRO- INDUSTRY AND FOOD SECURITY

Human Resource Section, Dentamax House, Dumas Street, Port Louis

Application for the post of Survey Field Worker/Senior Survey Field Worker - Forestry Service

PART A: To be filled in by applicant

1.	Title: Mr □	Mrs □ Mis (Please tick as appropri	ss □ Ms □						
2.	Marital Statu	s: Married \Box Single \Box (Please tick as appropria	Other:						
3.	Surname:								
		(Block Letters)						
	Other Names: Male/Female								
4.	Date of Birth	Pate of Birth: Age:							
5.	National I.D.	I.D. No:							
6.	Full residential address:								
7.	Tel No: Office: Home: Mobile:								
8.	Date joined service:as								
9.	Date of First Appointment/Employment:								
10.	Date of Transfer to PPE:								
11.	Present Post	Present Post held (State whether temporary/substantive):							
12.	Date of Prese	Date of Present Appointment/Employment:							
13.	Present Place	Present Place of Posting:							
14.	Date/s of Pre	vious appointment and grad							
Post 1	held	Temporary/Substantive	Ministry/Department	Date of Appointment					
15.	Present Salary:								
16.	Educational Qualifications: (Attach copies of proofs of having sat for examinations								
	mentioned at Paragraph II (A) of Circular Note and Educational Certificates)								

17.	Experience/Knowledge of the duties of the post applied for: (Attach documentary evidence) Signature of applicant:						
Date:							
	PART B: To be	filled in by Officer-in-C	harge/ H	HR Section			
(a)	Does the applicant reckon experience of the duties of the post applied for? Yes/No. If yes, please give details with dates e.g. Period of actingship/assignment of duties, replacement as relief, in the post.						
(b)	Has the applicant been subject to disciplinary action during the last ten years or subject to any prosecution before a court of law for any offence? Yes/No If yes, please give details including punishment inflicted.						
(c)	Report on applicant						
	(i) Work:						
	(ii) Conduct:						
	(iii) Attendance:						
(d)	Statement of Sick Leave and leave without pay/Unauthorized absences taken by applicant						
	Year	Sick Leave		No of days of leave without			
	2020	(No of days)	-	pay/unauthorized absences			
	2020		+				
	2022						
	2023 to date		+				
		Signature:	• • • • • • • •				
	Stamp of	Name:	• • • • • • • • •	•••••			
	Ministry/Department	Rank:	• • • • • • • •				
		Date:	• • • • • • • • •	•••••			