S.N.:

MINISTRY OF AGRO- INDUSTRY, FOOD SECURITY, BLUE ECONOMY AND FISHERIES
(AGRO-INDUSTRY AND FOOD SECURITY DIVISION)
Human Resource Section, Dentamax House, Dumas Street, Port Louis

Application for the post of Gardener/Nursery Attendant – Forestry Service

PART A: ***To be filled in by applicant***

1. Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐
   (Please tick as appropriate)

2. Marital Status: Married ☐ Single ☐ Other: ……
   (Please tick as appropriate)

3. Surname: ……..
   (*Block Letters*)
   Other Names: …… Male/Female …….
4. Date of Birth: …… Age: ……..
5. National 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 held (State whether temporary/substantive):…….
12. Date of Present Appointment/Employment: ……
13. Present Place of Posting: ……...
14. Date/s of Previous appointment and grade:

Post held	**Temporary/Substantive**	**Ministry/Department**	**Date of Appointment**

15. Present Salary: …….

16. Qualifications *(Attach copies of Educational Certificates)*

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17. Experience of the duties of the post applied for: **(Attach documentary evidence)**

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Date: ……. Signature of applicant: …….....

PART B: ***To be filled in by Officer-in-Charge***

(a) I certify that the particulars given in Part A above have been verified and found correct, except:

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(b) Is the employee presently performing the duties of a higher post? Yes/No
If yes, please give details e.g. Title of higher post, date as from which the duties are being performed, allowance drawn etc.

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(c) 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.

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(d) 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.

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(e) Report on applicant

(i) Work: ……
(ii) Conduct: ……
(iii) Attendance: ……

(f) Statement of Sick Leave and leave without pay/Unauthorized absences taken by applicant

Year	Sick Leave (No of days)	No of days of leave without pay/unauthorized absences
2022		
2023		
2024		
2025 to date		

Date: ……. **Signature: ……..**

Name: ……..

Rank: ……..