



**Provincial Public Service Commission (W.P)**

**Application for selection of Marking Examiners -2022/2023**

01. Name with initials : .....
02. NIC No. : .....
03. Date of Birth : .....
04. Gender : ..... 05.Email Address : .....
- 06.Mobile No. : ..... 07.Residence No : .....
- 08.Private Address : .....
- 09.Present Designation : .....
- 10.Service : SLAS/SLEAS/SLAC.....Grade.....
11. Length of Service : .....
12. Office Address : .....
- 13.Office Telephone No.: .....

**14.Working Experiences:**

<u>Name of Institute</u>	<u>Designation</u>	<u>Periods of service</u>
01. ....	.....	.....
02. ....	.....	.....
03. ....	.....	.....
04. ....	.....	.....
05. ....	.....	.....

**15. Educational Qualifications:**

<u>Name of the University/Institute</u>	<u>Name of the Post Graduate /Degree/Course</u>	<u>Year Completed</u>
01. ....	.....	.....
02. ....	.....	.....
03. ....	.....	.....
04. ....	.....	.....
05. ....	.....	.....

**16. Experience as an Examiner (If any please mention below)**

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**17. Experience as a Chief Examiner (If any please mention below)**

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18. Subject you wish to evaluate : Office Systems   
Accounting Systems

I declare that all the above information is correct and if I am selected for the evaluation process I will comply with the relevant laws and regulations.

.....  
Signature Date

I certify that all the above information is correct according to the personal file.

.....  
Signature Date

Head of the Department (with seal)