

	KHPL Job Application Form		
1.	Full Name:	••••••	Affix passport
2.	Permanent Address:  Village/Municipality: Gewog: Dzongkhag:		
3.	Date of Birth: Day DD Month MM  Citizenship ID No: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Year YYYY	
4.	Post Applied For:		
5.	Mailing Address:		
6.	Contact Tel. No.: (M)	(O)	
7.	I have:		

- a) Not been convicted of a criminal offence;
- b) Not been terminated or compulsorily retired from the any agency except in case of insolvency;
- c) Voluntarily resigned from any agency;



- d) Not been adjudged medically unfit for employment by a registered medical practitioner;
- e) Not intentionally provided false information in the application for employment or used fraudulent practices in the recruitment examination;
- f) Not furnished fake/forged testimonials/documents;
- g) Not failed to furnish testimonials as required; and
- h) Not been otherwise disqualified for appointment.
- **8. Academic Qualification:** (please start with the Institute last attended)

Name of Institute	Country	Subjects	Year of Completion	Division	Degree	Diploma	Certificate

## 9. Training

Name of Institute	Country	Field of Study	Duration	Year of Passing	Div.	Degree	Dip.	Certificate



## **10. Employment History** (if applicable):

10. Employment H	<b>istory</b> (if ap	plicable)	:				
Organization	Position	Post	Per	iod	Appointment	Place	Reason of
Organization	Held	Post	From	То	Status	Served	Change
Past Employment							
Present Employment	1			T	<u> </u>		



11.	Extra-Curricular Activities: (please tick appropriate ones and attach attested copies
	of relevant certificates)

- a) Literary()
- b) Leadership ( )
- c) Membership in Community/Association ( )
- d) Awards received ( )
- e) Others ( )

12. Declaration: I hereby declare that the information given herein is true and complete to the best of my knowledge. In the event of detection of false or misleading information, I understand that the employer shall withdraw/terminate my service or take any legal action. I also undertake to abide by all Rules and Regulations of the agency.

(Affix Legal Stamp)

Signature of Applicant Date: DD/MM/YYYY