CONFIDENTIAL

P.S.C. FORM 7

**APPLICATION OF TEMPORARY CLERKS FOR ABSORPTION INTO THE GRADED CLERICAL SERVICE (INCLUDING. THE GRADE OF CLERICAL ASSISTANT)**

(To be accompanied by P.S.C Form 8)

PART I

(To be completed by Applicant)

1. Full name of applicant and date of birth…………………………………………………………….........

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1. Results with dates, of any public examination taken by applicant…………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Grade to which absorption sought……………………………………………………………………………………………..
2. Date of appointment to present temporary post……………………………………………………………………….
3. Particulars of Service…………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………..

1. Present salary and scale………………………………………………………………………………………………………………..
2. Present incremental date……………………………………………………………………………………………………………..

Date……………………………………………… Signed………………………………………………….

Department File………………………………… Office…………………………………………………

**Head of Department**.

**APPENDIXD/IB.4 (G.O. 74(2)**

**RECOMMENDATION REGARDING CONFIRMATION OF APPOINTMENT**

**IN SCALES F,G,S,T,H,B 1-2**

Date………………………………………..

1. Name of Officer……………………………………………………………………………………………………….
2. Date of Birth…………………………………………………………………………………………………………….
3. Date of Appointment……………………………………………………………………………………………….
4. Rank………………………………………………………………………………………………………………………..
5. Date due Confirmation……………………………………………………………………………………………
6. Medical Record………………………………………………………………………………………………………..
7. Examination passed with details including dates……………………………………………………..

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1. Duties undertaken……………………………………………………………………………………………………

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1. Special Aptitude…………………………………………………………………………………………………….
2. Details of shortcomings brought to the Officer’s notice……………………………………………

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1. Short general confidential report containing Head of Department’s reasons for recommending confirmation in the light of General Order D. 73

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Department………………………………………………..

Departmental File……………………………………… …………………………

(Head of Department)

(Where necessary additional information paper may be attached on any item).