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| **POSITION APPLIED**  **(Please tick position applied)** | | |
| **( √ )** | **NAME OF POSITION** | **SPECIALTY AREA** |
|  | Senior Medical Officer Grade II (MD.17) |  |
|  | Medical Officer Grade II (MD.16) |  |

Please see details of requirement of the post at ‘Checklist form’.

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| **PERSONAL DETAILS**  **(Fill in details in block letters unless using type-in)** | | | | | |
| **NAME** |  | | | | |
| **PASSPORT NUMBER** |  | **IDENTITY CARD NUMBER** |  | **IDENTITY**  **CARD COLOUR** |  |

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| **DECLARATIONS** | |
| 1. I hereby certify that all information provided in this document are true and accurate. 2. I acknowledge that if the document is not filled in completely, The Office of Public Service Commission has the right to reject the application. 3. Should verification be required on the said information; I hereby authorize The Office of Public Service Commission to carry out the necessary investigations. 4. If this application leads to employment, I understand that false or misleading information in my application or interview may result in legal action according to Brunei Law. | |
| **SIGNATURE** | **DATE** |
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Please fill in the form, scan and upload this form in PSC Recruitment under Education Background -> ‘Other Qualifications’ section.