

KEMENTERIAN HAL EHWAL UGAMA MINISTRY OF RELIGIOUS AFFAIRS NEGARA BRUNEI DARUSSALAM

APPLICATION FORM FOR SITE STAFF KEMENTERIAN HAL EHWAL UGAMA NEGARA BRUNEI DARUSSALAM

Please read the following instructions carefully:

- 1. Please ensure that every post for which you are applying meets the conditions required.
- 2. Application which do not meet the requirements will not be considered.
- 3. Applicant must attach their application together with their CVs and copy of their certificates with a non-returnable passport photo and a copy of their smart card / passport.

SECTION I			
	POST APPLIED FOR Job Title		
Recent Photo (Passport Size)	POST APPLIED FOR Job Title		
	POST APPLIED FOR Job Title		

Section II - To be complete by all applicants

PERSONAL PARTICULARS

Date of	Birth		Age			Place	of Bi	irth
	lam Smart card r plicable)	10.	Colou	r		Date	of Iss	eue
-			Yell Pur Gre	ple		-		-
Passport No. Place of Issue								
Date of Issue			Date	of Ex	piry		_	-
Gender		M	lale				Fen	nale
Marital Status	-	Single Widower			Marrio Divor			Widow
Race								
Religion								

Section III – [Please attach Copies of Certificates]

ACADEMIC DETAILS

A)

i. General Certificate of Education Ordinary Level or its equivalent

	1.Title of E	xamination				
	School /	College				
	Grade / Division Date of Certificate					
		-	-			
Code	Subjec	ets	Grade			
	2 Title of F	xamination				
	2. True of E	xammation				
	School /	College				
	School /	Conege				
	Cond. / District	Data of Cont	• p• 4 _			
	Grade / Division	Date of Cert				
			-			
Code	Subjec	ts	Grade			

ii. G	eneral Certificate of Education	n Advance Level or its equ	iivalent
	1.Title of E	xamination	
	School /	College College	
	Grade / Division	Date of Cert	ificate
		-	-
Code	Subjec	ets	Grade
	2.Title of E	xamination	
	School /	College College	
	Grade / Division	Date of Cert	ificate
		-	-
	T		
Code	Subjec	ets	Grade

iii. General Certificate of Education Ordinary National Diploma or its equivalent

1.Title of Examination							
	School / College						
	Grade / Division Date of Certificate						
		-	-				
Code	Subjec	ts	Grade				
	2 Title of F	xamination					
	2. True of E	xammaton					
	School /	College					
	Grade / Division	Date of Cert	ificate				
		-	-				
Code	Code Subjects Grade						
Couc	Subjec		Grade				

B)

i. High National Diploma or its equivalent

T	D 1/ 65	•						
Title of Examination	Result of E	xamination	Date of Awarded					
	Name of University / College							
D (6C D								
Date of Course Be	gan	Date	e of Course Ended					
	-	_ -						
Subjects taken in the	final Examinat	ion. Please stat	e results if applicable					
ii. Bachelor Degree o	or its equivalen	t						
Title of Examination	Result of E	xamination	Date of Awarded					
L	<u> </u>							
	Name of Unive	ersity / College						
		, 8°						
		_						
Date of Course Be	gan	Date	e of Course Ended					
-	-	_	-					
Subjects taken in the	Subjects taken in the final Examination. Please state results if applicable							
	· · · · · · · · · · · · · · · · · · ·							

iii.	Master	Degree	or its	equivalent

Title of Examination	Result of Examination	Date of Awarded		
		1		
	Name of University / College			
Data of Course Da	Dod.	o of Course Ended		
Date of Course Began Date of Course Ended				
- -	- -			
G 11	C' I F	4 14		
Subjects taken in the	final Examination. Please sta	te results if applicable		
iv. Professional Qual	lifications			
iv. Professional Qual	lifications Result of Examination	Date of Awarded		
		Date of Awarded		
	Result of Examination			
Title of Examination	Result of Examination Name of University / College			
	Result of Examination Name of University / College			
Title of Examination	Result of Examination Name of University / College	e of Course Ended		
Title of Examination Date of Course Be	Result of Examination Name of University / College	e of Course Ended		
Title of Examination Date of Course Be	Result of Examination Name of University / College egan Dat	e of Course Ended		
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Title of Examination Date of Course Be	Result of Examination Name of University / College egan Dat	e of Course Ended		
Title of Examination Date of Course Be	Result of Examination Name of University / College egan Dat	e of Course Ended		

v. Ability to write and / or speak in different languages / dialects. Enter mother tongue first

Languaga	Written Ability			Spoken Ability		
Language	Fluent	Good	Fair	Fluent	Good	Fair

Section IV – [To be completed by all Applications]

Please give particulars in chronological order of all previous employment and or occupations including services in the Armed Forces and the Police

1. Title of Post						
N						
Nature of Employment						
Reasons fo	or Leaving					
Monthly Pension (if applicable)						
Start Date	End Date					
Start Date	End Date					
Name and Addr	ress of Employer					
	-					
	Post Code					
2. Title	e of Post					
Nature of E	mployment					
Reasons fo	or Leaving					
Monthly Pension (if applicable)						
Start Date	End Date					
Nome or J A JJ-	agg of Employon					
Name and Addr	ress of Employer					
	D4 C-1-					
	Post Code					

3. Title of Post						
Nature of Employment						
Reasons fo	r Leaving					
Monthly Pension (if applicable)						
Start Date	End Date					
Name and Addr	ess of Employer					
Name and Addi	ess of Employer					
	Post Code					
	1 ost code					
4 (17.41	6 D4					
4. Title	e of Post					
N. 4. CE						
Nature of E	mployment					
D 4						
Reasons fo	r Leaving					
	r Leaving					
Monthly Pension (if applicable)	r Leaving					
	End Date					
Monthly Pension (if applicable)						
Monthly Pension (if applicable) Start Date	End Date					
Monthly Pension (if applicable) Start Date	End Date					

Section V – [To be completed by all Applications]

FAMILY DETAILS

- i. Give relevant details of wife / husband (or former wife / husband)
- ii. If applicant is legally adopted, enter the details of your adoptive parents and state on a separate sheet your age when adopted. If brought up by step parent(s), guardian or anyone acting as parent, give relevant details on a separate sheet.
- iii. If deceased, state nationality at the time of death.

Item	Applicant's Husband / Wife	Applicant's Father	Applicant's Mother
Full Name			
Smart Card No. / Passport No.			
Alias @			
Date of Birth			
Place of Birth			
Citizenship			
Occupation			
Full Address			
Date of Decease			

Details of Children

Full Name	Smart Card No. / Passport No.	Gender	Marital Status	Date of Birth

REFEREES

Referee 1: Professor, Tutor or member of the Academic Staff acquainted with your work and conduct that references can be obtained.

	Full Name		
No. of Years known			
Occupation			
occupation			
	Permanent Address		
	Post Code		
TD-11NI-			
Telephone No.			
Referee 2: Present Em	ployer or other officers that can be contacted		
	Fy		
	Full Name		
No. of Years known			
Occupation			
Occupation			
	Permanent Address		
	Post Code		
Telephone No.			

$Section \ VII-[To \ be \ completed \ by \ all \ Applications]$

Permanent Address (in BLOCK LETTERS)			
Post Code	Telephone No.		
	Postal Address (in BLOCK LETTERS)		
Post Code	Telephone No.		
Email		_	

Reason for Applying the Post					
DECLARATION I declare that all particulars in this application and the sheets attached hereto are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact.					
Signature					
Full name					
(in BLOCK LETTERS)					
Brueni Darussalam Smart card no. / Passport No.					
Date					