

# ASSESSMENT NOMINATION FORM

## PUBLIC SERVICE CENTRE FOR HUMAN RESOURCE DEVELOPMENT (PSCHRD)

**ASSESSMENT TITLE:** \_\_\_\_\_

**ASSESSMENT DATE DURATION:** \_\_\_\_\_

**NOMINATING DEPARTMENT/MINIST:** \_\_\_\_\_

NO.	NAME(S) OF NOMINEE (S) LAST NAME, FIRST NAME, MAIDEN NAME	MALE / FEMALE	D/O/B (D/M/Y)	MINISTRY DEPARTMENT	PRESENT POST / SCALE	DATE APPOINTED/ RECLASSIFIED TO PRESENT POST (D/M/Y)	NUMBER OF YEARS IN PRESENT POST	DATE OF APPOINTMENT TO PUBLIC SERVICE (D/M/Y)	NUMBER OF YEARS IN THE SERVICE	QUALIFICATIONS	DUTIES OF THE OFFICERS	CAREER PATH
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE										

Does the officer possess the qualifications and experience for the above assessment? Please check (X)  **YES** or  **NO** (if **NO**, do not submit to the Department of Public Service Centre for Human Resource Development)

**NAME OF NOMINATING OFFICER:** \_\_\_\_\_

**POSITION OF NOMINATING OFFICER:** \_\_\_\_\_

**NOMINATING OFFICER'S SIGNATURE:** \_\_\_\_\_

**DATE OF NOMINATION:** \_\_\_\_\_