PART A: (to be filled in by the individual)						
Personal Information of the Civil Servant						
Name :		:				
EID :		:				
Position Title :		:				
Position Level :		:				
Division/Department/Ministry/Agencies :		:				
Member to other Board if any :						
Within Civil Service Agency		Agency	Agency outside of Civil Service (<2)			
SI. no	Agency Name	SI. No	Agency Name			

Date:

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I shall be held liable for it.

Signature of the applicant

File Reference No:

PART B: (to be filled in by Civil Service Agency making the request)

1.	Please	Please fill in the details of the Board membership request			
	1.	Name of the Agency/Company	:		
	2.	Duration of the membership	:		
	3.	Start Date and End Date of Membership	o :		
	4.	Sitting Fees(please tick): Yes/ No			
	5.	Enclose Offer Letter from the Agency			
1.	Recon	nmendation from Agency			
Recommended by: (mention HRC no. and date)					
Name and Signature of :					
1) Hea	d of Age	ency	2) HR Officer, HRD Division, Agency		