

MINISTRY OF HEALTH



PASSPORT SIZE
PHOTOGRAPH

HUMAN RESOURCE FOR HEALTH DEVELOPMENT
VERIFICATION FORM FOR RECRUITMENT

Surname:			
Middle Name:			
First Name:			
School Attended:			
Date Entered:		Date Completed:	
Programme:			
Gender	Male <input type="radio"/>	Female <input type="radio"/>	Student/School ID: PIN:
Are you required to do a One(1) Year National Service/ Internship	Yes <input type="radio"/>	No <input type="radio"/>	If yes, state dates:
Date Started		Date Completed	
Description of challenge/ problem			
Telephone No.		Email	
Thumbprint			Date
NB: FORM COMPLETED ON BEHALF OF ANOTHER PERSON WILL BE REJECTED			