

Application Form

Surname:			
Name:		Father's Name:	
Date of Birth:		Place of Birth:	
Permanent Address:			
Post Code:		City:	
Tel:		E-mail:	
Profession/Student of :			
Working Experience:			
Foreign languages (Please tick)			
	Moderate	Good	Very Good
English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills: (Please tick)			
	Moderate	Good	Very Good
Use of PC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word processing :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of other programmes:			
Knowledge of office administration:			
Comments:			
I declare that all above information is correct and I enclose a detailed biographical note (CV) and an analytical grades certificate.			
Date:		Signature:	