



Islamic Republic of Afghanistan

National Statistics and Information Authority

Application Form

**Instruction:**

This form is to be used by persons expressing interest in being considered for recruitment under the National Statistics and Information Authority (NSIA) As well as by applicants for specific advertised posts.

**Important Note:**

- **All the interested Applicants must use this format to apply for the positions announced by NSIA, any other type of format except from this will not be considered.**
- **Please answer each question clearly and completely**

Please write in clearly. While submitting electronically, save this form as a .pdf file with the name <Family Name- CSO Application Form> and forward to [recrutiment.CSO@gmail.com](mailto:recrutiment.CSO@gmail.com).

1. Position Details (Please clearly indicate the position title and other details for which you are applying.)			
Position Tittle	Organization	Location	Name of Province
	National Statistics and Information Authority (NSIA)	Central <input type="checkbox"/> Provincial <input type="checkbox"/>	

2 Personal Data		
Given Name:	Family Name:	Date of Birth:
Place of Birth:	Nationality:	Marital Status:
Tazkira #:	Place of Birth:	Date of Birth:
Present Address:		
E-mail address :	Telephone:	
Permanent Address:	Current Address:	

3. Your Areas of Specialization	
<input type="checkbox"/> Statistics / Research:	<input type="checkbox"/> Human resource management:
<input type="checkbox"/> Geographical Information Systems:	<input type="checkbox"/> Policy and regulatory design:
<input type="checkbox"/> Systems Development/ Information Technology:	<input type="checkbox"/> Financial Management:
<input type="checkbox"/> Planning and leadership:	<input type="checkbox"/> Other – please specify:

4. Degree (Please give exact titles of degrees, University or equivalent, and the years)	Month & Years attended		Institute/ University	Exact tile of degree	Specialization
	To	From			
<input type="checkbox"/> Associate Degree					
<input type="checkbox"/> Bachelore					
<input type="checkbox"/> Masters					
<input type="checkbox"/> Doctoral					

5. Languages									
	Read			Write			Speak		
	Excellent	Good	Some	Excellent	Good	Some	Excellent	Good	Some
Dari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Computer Literacy			
Programs	Use Every Day	Some Experience	Fully Competent
Ms Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please describe how your educational background, qualifications, skills, experience which meets the outlined eligibilities for the concerned position.

**8. Employment Record**(Starting with your present position, list in reverse order every employment you have had. Use a separate block for each post.

1. Title of your post:

Date: Month and Year		Duties and achievements
From	To	
Organization's name and location:		
Title of your position:		
Supervisor's name:		

2. Title of your post:

Date: Month and Year		Duties and achievements
From	To	
Organization's name and location:		
Title of your position:		
Supervisor's name:		

3. Title of your post:

Date: Month and Year		Duties and achievements
From	To	
Organization's name and location:		
Title of your position:		
Supervisor's name:		

4. Title of your post:

Date: Month and Year		Duties and achievements
From	To	
Organization's name and location:		
Title of your position:		
Supervisor's name:		

9. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES  NO

10. ARE YOU NOW, OR HAVE TO EVER BEEN, A PERMANENT CIVIL SERVANT IN GOVERNMENT'S EMPLOY? YES  NO   
If answer is "yes", WHEN?

11. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  
***Do not repeat names of supervisors listed under this item.***

FULL NAME	FULL ADDRESS & EMAIL	BUSINESS OR OCCUPATION

12 I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on application form or other document requested by the Organization renders may result in summary dismissal without compensation.

DATE: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

**N.B** You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization.