

APPENDIX III a (use excel)

LIST OF INTERVIEWED CANDIDATES

INSTITUTION PRINCIPAL'S MOBILE NO..... ADVERTISED SUBJECTS

REGION COUNTY SUB-COUNTY

S/NO	NAME	TSC/NO	ID NO.	MOBILE NO.	HOME COUNTY	HOME SUB COUNTY	GENDER	SUBJECT I	SUBJECT II	SCORING AREAS					RANKING	APPLICANT'S	
										SECTION (a)	SECTION (b)	SECTION (c)	SECTION (d)	TOTAL		SIGNATURE	REMARKS

We confirm that the information entered above is accurate and that we shall be held responsible for any inaccuracies.

Sign

Sign.....

(Secretary, Selection Panel)

(Chairperson Selection Panel)

NameTSC No.Date

NameTSC No Date