

APPENDIX II

SUB COUNTY REGISTRATION LIST OF APPLICANTS WHO PRESENTED DOCUMENTS FOR VERIFICATION

REGION COUNTY SUB COUNTY

| S/NO | NAME | TSC NO. | NCPWD NO. | GENDER | MOBILE NO. | PTE POINTS | DPTE (UPGRADE) POINTS | AGE | HOME COUNTY | YEAR OF GRAD. | REMARKS IF ANY |
|------|------|---------|-----------|--------|------------|------------|-----------------------|-----|-------------|---------------|----------------|
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We confirm that the information entered The above is correct to the best of our knowledge.

SELECTION PANEL SECRETARY

Name _____ TSC No. _____ Sign. _____ Mobile No. _____ Date: _____

SELECTION PANEL CHAIRPERSON

Name _____ TSC No. _____ Sign. _____ Mobile No. _____ Date: _____

Verified by:

TSC COUNTY DIRECTOR

Name _____ TSC No. _____ Sign. _____ Mobile No. _____ Date: _____