

**APPENDIX III
SUB-COUNTY MERIT LIST**

REGION COUNTY SUB-COUNTY

S/ NO	NAME	TSC NO.	NCPWD NO.	GENDE R	TP GRADE					KCSE MEAN GRADE	YEAR OF GRAD.	MOBILE NO.	REMARKS, IF ANY, e.g. Disability				
					A	B	C	D	TOTAL								

We confirm that the information entered 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: _____