

KINGDOM OF LESOTHO

MINISTRY OF EDUCATION AND TRAINING

FOR TEARE ENROLLED WITH HIGHER INSTITUTIONS BEFORE THE ENACTMENT OF TEACHING SERVICE (AMENDMENT) REGULATIONS 2016

Teaching Service Department

Tel: 22 313 527 Fax: 22 310 595

Private Bag A 94 MASERU 100

TEACHER'S DETAILS

SURNAME
NAMES
EMP. NO.
ID. NO.
TEL. NO.
CURRENT SALARY

SCHOOL DETAILS

SCHOOL NAME
SCHOOL REG. NO.
DISTRICT
TELEPHONE NO.

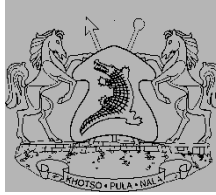
QUALIFICATIONS

PAID QUALIFICATION
UNPAID QUALIFICATION
UNIVERSITY / COLLEGE
DATE ENROLLED
DATE OF CONFERMENT

I herein under oath declare that the information provided above is true and correct and I append my signature herein as a verification.

SIGNATURE _____

DATE _____



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|------------------------------------|---------------------------------|-----------------------------|
| Teaching Service Department | Tel: 22 313 527 Fax: 22 310 595 | Private Bag A 94 MASERU 100 |
|------------------------------------|---------------------------------|-----------------------------|

CERTIFICATES: ATTACH ALL CERTIFIED COPIES OF EDUCATIONAL CERTIFICATES FROM STANDARDS 7 TO THE HIGHEST QUALIFICATION AND BRING ALONG ORIGINAL CERTIFICATES FOR VERIFICATION

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UNDERTAKINGS

I herein under oath declare that the information provided above is true and correct and I append my signature herein as a verification.

SIGNATURE:

DATE:

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DATE _____