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5	Any material medical information considered relevant	
Details		

SECTION D DECLARATION

I hereby declare that all the above answers are, to the best of my belief, true and complete and I have not withheld any information, which would help in determining my medical fitness for the post for which I am being considered.

I understand that failure to disclose any material information could lead to my appointment being terminated.

Name
(Please print your name)

Signature
(Please sign)

Date

Residential Address:
Contact No:
Contact e mail: