

APPENDIX 'C'



PSC PROMOTION EXAMINATIONS – 2026
APPLICATION FORM

AFFIX PASSPORT-SIZE PHOTOGRAPH
HERE

(35mm x 45mm)

PART A: To be completed by Applicants in **BLOCK CAPITALS**

1. NAME OF APPLICANT

a) Surname																				
b) First Name																				
c) Other Name(s)																				

2. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

3. GENDER M F

4. STAFF ID NUMBER

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5. PRESENT AGENCY

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6. PRESENT DISTRICT & REGION

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7. DETAILS OF APPOINTMENT/PROMOTION

a) Present Grade																				
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b) Date Appointed or Promoted to Present Grade																				
	D	D	M	M	Y	Y	Y	Y												

8. PREVIOUS PAPER(S) PASSED (if applicable)

No.	Title of Paper(s)	Index Number(s)

NB: If you passed any previous papers, please attach a photocopy of the relevant page showing your name as it appears in the results released by the Public Services Commission.

9. PREFERRED EXAMINATION REGION: please tick (✓)

<input type="checkbox"/> Greater Accra Region (GR)	<input type="checkbox"/> Eastern Region (ER)	<input type="checkbox"/> Central Region (CR)
<input type="checkbox"/> Western Region (WR)	<input type="checkbox"/> Volta Region (VR)	<input type="checkbox"/> Ashanti Region (AS)
<input type="checkbox"/> Ahafo Region (AH)	<input type="checkbox"/> Bono East Region (BE)	<input type="checkbox"/> Northern Region (NR)

NB: Applicants are advised to select a preferred examination region within their Region of residence or the nearest available Region.

PART B: To be completed by or for **Applicants with Special Needs** in **BLOCK CAPITALS**

10. (a) DISABILITY (if applicable): please tick (✓)

- None Visually Impaired (Blind) Low Vision (Poor Sight) Hearing-Impaired (Deaf)
- Hearing Impaired Hard to Hearing Speech or Language Impairment (Dumb)
- Physical Disability Others (please specify):

(b) Medical Report Attached: Yes No

Notes:

- Attach a certified medical report detailing the nature of the disability and recommended assistance.
- Applications without medical documentation will not be processed.

11. APPLICANT'S DECLARATION

I **DECLARE** that the information provided on this Application Form is true and complete to the best of my knowledge.

Applicant's Signature: **Date:**

PART C: To be completed by or for **Applicant's Head of Department** in **BLOCK CAPITALS**

12. APPLICANT'S NEXT GRADE

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13. HEAD OF DEPARTMENT'S DECLARATION

- a) **I CERTIFY AS FOLLOWS:**
- i. that the information provided by the Applicant, or on behalf of the Applicant, and the attached supporting documents have been carefully checked and are true and complete to the best of my knowledge; and,
 - ii. that the applicant is **qualified/not qualified** to sit for the examination.
- (b) **I RECOMMEND/DO NOT RECOMMEND THAT** his/her record be regarded as satisfactory to merit his/her admission to the examination.

14. Head of Department's (HoD's) Comments:

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HoD's Name:		
HoD's Rank:		
HoD's Signature:	Date:
Office Address/Stamp	HoD's Mobile No.