

REPUBLIC OF KENYA



PUBLIC SERVICE COMMISSION OF KENYA

HEAD OF DEPARTMENT RECOMMENDATION FORM

(Please submit to the Commission recommendations in respect of short-listed candidates only)

Part I: To be completed by the applicant

Name of applicant: (Surname) First Name Other Name(s): Title: (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
ID No/Passport No: Employment/PNo:
Vacancy/Post: Vacancy No:
Ministry/Department/ Local Authority: Department:
Present Substantive Post: Job group: effective date:

Part II: To be completed by the Head of Department / Supervisor

- (a) I consider/do not consider that the Applicant is qualified in terms of the advertisement. I recommend/do not recommend him/her for the vacancy. My reasons are as follows (to be completed in all cases)
(b) I confirm that this officer was promoted to his present substantive post of w.e.f.

I certify to the best of my knowledge that the above information on the applicant is correct.

Name of Head of Department / Supervisor P/No.
Signature Designation (of substantive appointment by Public service Commission (K))

Ministry/Department/ Local Authority :

Reference No. Date: 20