



**PRESIDENTIAL COMMITTEE ON SALARY SHORTFALL IN MDAs**

**PERSONAL VERIFICATION FORM**

Name of MDA : ..... Date of Verification .....

Staff Location: ..... IPPIS NO: .....

Name in full (Surname First) Mr/Mrs/Dr./Prof: .....

Date of Birth: ..... Staff Identity Card No: ..... Staff file No: .....

Year of Graduation: ..... Qualification: .....

Department/Unit: ..... Date of First Appointment ..... Entry Grade Level: .....

Date of Confirmation of Appointment: .....Date of Present Appointment/Promotion: .....

Present Salary Grade Level: ..... Step: .....

Present Designation/Post: .....

Name of Bank ..... Bank Account No: .....

**Attestation:**

I .....hereby affirm that the above information provided by me are absolutely correct. I accept that any claim discovered to be false afterwards will be treated as an act of GROSS MISCONDUCT.

Officer's Signature/Date: .....

Name of Head of Department ..... Signature/Date..... Official Stamp

**ATTACHMENT REQUIRED:**

- i. Letter of First Appointment or Official Gazette
- ii. Letter of Confirmation of Appointment or Official Gazette
- iii. Letter of Last Promotion
- iv. One copy of recent Passport Photograph
- v. Copy of Pay slip for (Jan. April & July)
- vi. Copy of Credentials
- vii. Staff ID

\*Also come along with the Original of the above Documents

Verifying Officer's Name ...../Signature/Date .....