



THE REPUBLIC OF THE GAMBIA
FORM 17B
CONFIRMATION IN APPOINTMENT (GRADE 3 AND ABOVE)
(PUBLIC SERVICE COMMISSION REGULATION 14 & 27)
FORM TO BE COMPLETED IN DUPLICATE

A. PERSONAL DETAILS:

Name... Bintou Camara Date of Birth... 5/11/1995
 Payroll No... 9000672
 Ministry... Ministry of Health
 Department/Unit... H DU post natal
 Present Appointment: part time Enrolled Nurse
 Date of first appointment to pensionable post... Dec 1st 2018
 Date of first appointment in present post... Feb 5th 2019
 Trial / Probationary period... 3yrs

Confirmation by Applicant's Supervisor

I confirm that the details provided for the above named person are accurate and have been verified and certified;

Name of Supervisor: Yayilisa Ceesay Designation... SNO
 Signature... [Signature] Date... 23/12/21

B. MEDICAL CERTIFICATE

I Dr. (Name in full) EBRIMA KANTIEH hereby certify that;
 Mr/Mrs./Ms... BINTOU CAMARA Has been examined and
 found fit/unfit to be confirmed in his/her appointment as... SEN
 on the Permanent and Pensionable Establishment.

Signature... [Signature] Date... 28/12/21

C. RECOMMENDATION BY DIRECTOR, HEALTH SERVICES

NAME:

SIGNATURE:

DATE: