

# COMPARATIVE ASSESSMENT OF APPLICANTS FORM

*To be filled out and signed by the Selection Committee members and attached to the Selection Outcome Report form (PSC FORM 3-5).*

**JOB TITLE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **POST No:** \_\_\_\_\_

**MINISTRY:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**SELECTION PANEL:**

<b>Representative:</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
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**Department:** \_\_\_\_\_  
(Convenor)

**OPSC or Nominee:** \_\_\_\_\_

**Independent:** \_\_\_\_\_  
*Other Department or Organisation)*

**COMPARATIVE RANKING OF APPLICANTS:** *(place recommended applicant first)*

Name of Applicant	Comments
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**RECOMMENDED APPLICANT:** \_\_\_\_\_

**ELIGIBLE CANDIDATE(S)** *(if any):* \_\_\_\_\_