SCHEDULE XIII TSC/APPT/5

TEACHERS SERVICE COMMISSION

Telephone: 312067/8/78/89/91/93/312123 **Telegrams: "MWALIMU"** When replying please quote

Ref.Nº: TSC/



THE TSC HOUSE KILIMANJARO ROAD **UPPER HILL** PRIVATE BAG -00100 NAIROBI, KENYA

Date																	
Date	• •	• •	•	• •	٠	• •	•	• •	٠	• •	٠	٠	٠	٠	٠	• • •	,

APPLICATION FOR CONFIRMATION OF APPOINTMENT

(To be completed in DUPLICATE)

1.	Surname:
2.	Other Names:
3.	TSC No:
4.	Date of Birth:
5.	Qualifications:
6.	Grade of Teacher:
7.	Teacher's Certificate No:
8.	Date of Appointment:
9.	Present School/Institution:
	Signed: Date: Teacher
	Address:
	Note: This form should be completed by a teacher at least three months before

The expiry of the probationary period.

RECOMMENDATION OF THE HEAD TEACHER
Signature of the Head teacher
Name:
rvaine.
Address:
Date
RECOMMENDATION OF THE AGENT
Signature of DSO
Name:
Address:
Date