



COUNTY GOVERNMENT OF MOMBASA

DEPARTMENT OF HEALTH SERVICES

COAST GENERAL TEACHING & REFERRAL HOSPITAL

**TRAINING PROGRAM FCS GENERAL SURGERY (5POSTS)  
AND FCS ORTHOPAEDIC SURGERY (2 POSTS) -  
COMMENCEMENT DATE JANUARY 2025**

Applications are invited for suitability qualified candidates for the above mentioned courses. This is a 5 Year training program divided into 2Years for (MCS) and 3 Years for (FCS) fellowship training.

**Requirements:**

- ◆ Must be holder of MBChb or equivalent from recognized university .
- ◆ Must be registered by the Kenya Medical Practitioners and Dentist Board
- ◆ Must have worked in a busy hospital for at least one year after internship.
- ◆ Must Have 2 letters of recommendation: (One from senior Colleague and One from the Supervisor)

**HOW TO APPLY**

To apply for the training mentioned above, please visit the Mombasa County Public Service Board website on [www.mcpsb.go.ke](http://www.mcpsb.go.ke) to download and fill the application form (three pages)

All written applications, application for employment form, CVs, copies of certificates and testimonials and identity Card (ID) should be submitted in a sealed envelope clearly marked on the left side the position being applied for and addressed to

**The Secretary  
County Public Service Board  
Mombasa County Government  
P.O.Box 82209 - 80100 MOMBASA**

**Important information to all candidates**

All applications should reach the office of the Public Service Board, Betting and Control Building 1st Floor opposite Swahili Culture near The Mombasa Hospital on or before **1 September, 2024** and commencement in January 2025. Only shortlisted candidates will be contacted.



**THE COUNTY GOVERNMENT OF MOMBASA**  
**MOMBASA COUNTY PUBLIC SERVICE BOARD**

**APPLICATION FOR EMPLOYMENT FORM**

Tel: +254 715631914/ +254 780564465 Email: [info.mcpsb@mombasa.go.ke](mailto:info.mcpsb@mombasa.go.ke)

Please complete this form in **BLOCK** letters as appropriate and submit to the Secretary, Mombasa Public Service Board,  
P.O.BOX 80076-80100MOMBASA, KENYA

Vacancy/Post Title: .....

Department: .....

Name of applicant: ..... Title:.....  
(Surname) First Name Other Name(s) (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth: ..... Gender: .....  
(dd-mm-yyyy)

Nationality:..... ID No/Passport No: .....

Permanent Address:..... Postal Code: .....

County of Residence : ..... Sub County:.....

Constituency:..... Ward:.....

Current Postal Address:..... Mobile:.....

E-mail Address:.....

Alternative contact person:.....

Telephone:.....

Present Substantive Post:..... Job group:.....

Effective date:.....

(dd-mm-yyyy)

Do you suffer from any physical impairment?

If yes, give details.....

Have you ever been convicted of any criminal offences or a subject of probation order?

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Have you ever been dismissed or otherwise removed from employment?

If Yes, State reason (s) for dismissal/removal.....

Effective date: .....

(dd-mm-yyyy)

Have you ever been interviewed by Mombasa Public Service Board before?

If Yes, State the Post (s):.....

***(Declaring the above information will not necessarily debar an applicant from employment in Mombasa Public Service. Each case will be considered on its own merit)***

**Academic/Professional/Technical Qualifications (starting with the Highest)**

Duration	University/College/ Institution/School	Award/Attainment (e.g Degree, Diploma, Certificate)	Courses (e.g PHD, MSC, BA	Subject (Econ, Maths e.t.c)	Class/Grade

**Other Relevant Courses and Training/Registration/Membership to professional  
Bodies/Institution**

Year	Institution /College	Course	Details

Duration	Employers Name	Position/Rank/Designation	Job Group

**Employment Details (starting with the most recent)**

Briefly state your current duties, responsibilities and assignments

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Please give details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying

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**Personal References**

*The names of distinguished persons should not be used unless they really know you well; the names of relatives or of those from whom you send testimonials should not be used. The names of members or staff of the Public Service Board of Mombasa should also not be used.*

1. Full Name: .....  
Address:.....  
Telephone No:.....  
E-mail address:.....  
Occupation:.....

Period for which he/she has known you:.....

2. Full Name: .....  
Address:.....  
Telephone No:.....  
E-mail address:.....  
Occupation:.....

Period for which he/she has known you:.....

**Declaration:**

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect information may lead to disqualification/legal action.

Date: .....

(dd-mm-yyyy)Signature of the Applicant