

--

(for office use only)

Application for the Post of
.....

1.0 Personal Information :

1.1 Name with Initials at the end (In English block capitals) :-
..... Ex : SILVA A.B.K.

1.2 Name in full (In English block capitals) :-
.....

1.3 Name in full (In Sinhala/Tamil) :-
.....

1.4 Permanent Address (In Sinhala/Tamil) :-
.....

1.5 Permanent Address (In English block capitals) :-
.....

1.6 Sex :-

1.7 Civil Status:-

1.8 Ethnic Group :-

1.9 National Identity Card No:-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1.10 Date of Birth :- Date

--	--

 Month

--	--

 Year

--	--	--	--

1.11 Telephone No :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1.12 District :-

1.13 Constituency :-

1.14 Grama Niladari's Division :-

1.15 Email Address :-

2.0 Educational Qualifications :-

2.1 G. C. E. (O/L) Examination : Year :- Index No :-

Subject	Grade	Subject	Grade
1		6	
2		7	
3		8	
4		9	
5		10	

3.0 Professional Qualifications :-

--

4.0 Other Qualifications :-

--

5.0 Non-Related Referees :

Name / Telephone No	Position	Address

6.0 Certification by Applicant :

I declare that all particulars furnished by me in this application are true and correct to the best of my knowledge.

.....

Date

.....

Signature of the candidate

7.0 Attestation of the signature of the candidate :

I do hereby certify that Mr./Mrs./Miss is personally known to me and placed his/her signature in my presence on

.....
Signature of certifying Officer.

Name :

Designation :

Address :

Date :

8.0 (This part is applicable only for candidates who engage in government employment)

Attestation of the head of the Department/ Institution :

I hereby certify that Mr./Mrs./Miss who is working in this ministry/department/institution, is working in the post of and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. if he/she will be selected for this post, he/she can/cannot be released from the service.

.....
Signature of the Head of the Department or Authorized Officer.

Date :-

Name :

Designation :-

Ministry / Department :-

