(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 : GUNAWARDHANA H.M.S.K)

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

(Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

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 Gender:-

1.7 Marital 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 Electorate Division:-

1.14 Grama Niladari 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. | | |

2.2 G. C. E. (A/L) Examination: Year: - …… Index No :-

3.0

| | Subject | Grade | | Subject | Grade |
|---|---|---|---|---|---|
| 1. | | | 3. | | |
| 2. | | | 4. | | |

Professional Qualifications:-

4.0 Other Qualifications:-

5.0 Non-Related Referees

| Name / Telephone No | Position | Address |
|---|---|---|
| 1. | | |
| 2. | | |

6.0 **Declaration of the Applicant**:

(a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and /or incorrect completion of any part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge.

(b) I shall not subsequently change any information stated above.

…… ……...

Date Applicant's Signature

7.0 **Attestation:**

I do hereby certify that Mr./Mrs./Miss ……..……

…….. is personally known to me and placed his/her signature in my presence on ……

Date …… ……..

Signature of Certifying Officer

Name:

Designation:

Address:

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.

Date …… ……..

Signature of the Head of the Department or Authorized Officer.

Name:

Designation:-

Ministry / Department:-