	(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) :-			
	1.7 Marital Status:-		
	1.8 Ethnic Group :-		
	1.9 National Identity Card No:-		
	1.10 Date of Birth: - Date		
	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:		

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

4.0	Other Qualifications:-					
5.0	Non-Related Referees					
	Name / Telephone No	Position	Address			
	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			

3.0 Professional Qualifications:-

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./N	Miss				
	v	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 wil				
	be selected for this post, he/she c	an/cannot be released from the service.				
	Date	Signature of the Head of the Department or Authorized Officer.				
	Name:					
	Designation:-					
	Ministry / Department:-					