(For Office Use Only)

Sri Lanka Atomic Energy Regulatory Council

Ministry of Energy

Application for the Post of Management Assistant

1. **Personal Information:-**

1.1 Name with Initials at the end (In English block capitals) :- ……..

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(Ex : GUNAWARDHANA H.M.S.K)

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

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(Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

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

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

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

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1.6 Gender:- .....

1.7 Marital Status:- .....

1.8 National Identity Card No:- | | | | | | | | | | | | |

1.9 Date of Birth: - Date Month Year | | | | |

1.10 Telephone No : | | | | | | | | | | |

1.11 District :-

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1.12 Electorate Division:- .....

1.13 Grama Niladari Division: - .....

1.14 Email Address:- .....

1.15 Name and address of last school attended:-……

2. 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 :- ……

	Subject	Grade
1.		
2.		
3.		
4.		

3.0 Professional Qualifications:-

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4.0 Other Qualifications:-

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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 **(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:- .....