Application for Post of Assistant Director/…Field……. (External)

TELECOMMUNICATION REGULATORY COMMISSION OF SRI LANKA

1.Name with initial (In English) :Mr./ Mrs./Ms.……

2.Full Name (In English) : ……

3. Full Name (In Sinhala/Tamil) :……..

4. Address: ……

5. Date of Birth:…….. Age as at 05.03.2025 …….

6. Telephone no.: ……

7. E- mail Address ……..

8. NIC No: ……..

9. Gender: ……

10.Educational Qualifications: ……

11.Professional Qualifications: ……

12.Experience: ……

13. If you are in Government service:

Organization: …….

Designation: ……..

14.Certificates attached 1 ……

2……

3……

4……

15. 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 stated that all sections of this application completed are true and correct to the best of my knowledge.

……. ……..
Date: Signature of Applicant

16. Attestation of the Head of the Department/ Institution: (for candidates from government institutions)

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 of this institution.

…… ……..

Signature of the head of the Department/ Institution

Date

Name: .....

Designation: - .....

Ministry / Department/Institution: -……

Official Seal :