(For office use only)

Application for the Post of Legal Officer cum Board Secretary

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 National Identity Card No:-

1.9 Date of Birth: - Date Month Year

1.10 Telephone No(Home) :

Mobile No:

1.11 District:-

1.12 Electorate Division:-

1.13 Grama Niladari Division :-

1.14 Email Address:-

2.0 Educational Qualifications: -

2.3 (i) Date of Graduation:-

(ii) University: -

(iii) Registration Number:-

(iv) Internal / External: -

(v) Degree: -

(vi) Subjects: -

(vii) Class: -

First class/Second class/Upper / Lower: -

(viii)Language Medium of Examination: -

(ix) Name of the Post Graduate Diploma/Degree: -

(x) Date of obtaining Post Graduate/Degree:-

(xi) Subject in Post Graduate Diploma /Degree: -

3.0 Professional Qualifications and experience: -

4.0 Other Educational 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

(Either a JP or an Executive Officer of a Government Institution)

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:- ……..