	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.				
2.0	Educational Qualifications:- 2.1 G. C. E. (O/L) Examination: Year:	lo :-			

(For office use only)

	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		Subject	Grade
1.			3.		
2.			4.		

2.3 (i) Date	of Graduation:-
----------------	--------	-----------------

- (iii) Registration Number:-
- (iv) Internal / External: -
- (v) Degree: -
- (vi) Subjects: -
- (vii) Class: -

Upper / Lower: -

- (viii) Effective Date: -
- (ix) Language Medium of Examination: -
- 3.0 Professional Qualifications:-
- 4.0 Other Qualifications:-
- 5.0 Non-Related Referees

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

6.0	Dec	laration	of t	he A	٩ppl	licant:
-----	-----	----------	------	------	------	---------

	(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 v	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 s	tated above.				
	Date	Applicant's Signature				
7.0	Attestation:					
	I do hereby certify that Mr./Mrs./Miss	I do hereby certify that Mr./Mrs./Miss				
	is personally know	n 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 th	is ministry/department/institution, is working in the				
	post of and his/her wor	k and conduct are satisfactory, no disciplinary action				
	pending against him/her and no decision has been to	caken to impose any such in the future. If he/she will				
	be selected for this post, he/she can/cannot be relea	sed from the service.				
	Date					
		Signature of the Head of the				
		Department or Authorized Officer.				
	Name:					
	Designation:-					
	Ministry / Department:-					