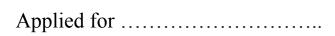
| Application No : | • |
|-------------------|---|
| (Office Use Only) | |

MINISTRY OF PUBLIC SERVICES, PROVINCIAL COUNCILS AND LOCAL GOVERNMENT SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION







> Personal Details

| 01. Full Name | : | | | |
|-------------------------|---------------------------------|----------------|-----------|---|
| 02. Date of Birth | DD MM YYY | 03. ID No. | : | - |
| 04. Permanent Addre | ss: | | | • |
| 05. Official Address | i | | | |
| 06. Date of appointment | ent to the all island services: | DD MM ` | | |
| 07. Current Designation | n: | | | |
| 08. e- mail address: | | 09. Contact No | o: Mobile | |

> Educational Qualifications

| Degree | Graduated Year | Name of the University | | | | |
|---|----------------------------------|---------------------------------------|--|--|--|--|
| 01. Name of the basic Degree With field | | | | | | |
| 02. Master's Degree | | | | | | |
| 03. PHD | | | | | | |
| Professional Qualificati | ion | | | | | |
| 01 | | | | | | |
| 02 | | | | | | |
| 03 | | | | | | |
| 04 | | | | | | |
| Other Qualifications re | levant to the post | | | | | |
| 01 | | | | | | |
| 02 | | | | | | |
| I hereby declare that the above | e furnished information is corre | ct to the best of my knowledge and | | | | |
| bear the responsibility for the correctness. If any of above found false at any stage even after | | | | | | |
| appointment to the post I agree with any type of disciplinary action against me by the authority. | | | | | | |
| | | | | | | |
| Date | Applicant | · · · · · · · · · · · · · · · · · · · | | | | |