MINISTRY OF PUBLIC ADMINISTRATION PROVINCIAL COUNCILS AND LOCAL GOVERNMENT

Direct Recruitment To The Grade III Of Sri Lanka Accountants' Service On Professional Qualifications And Merit- 2021(2025)

								No	o. [
									L	(Fo	r offic	ce use	only)	
Sin	hala -	of interview 1, Tamil –	2, English -3	in the cage)	Changing	of giv	en me	edium is	s no	ot permitte	ed)			
01)	1.1	Name with (In Capital		Mrs./ Miss Mr. PERER <i>A</i>				• • • • • • • • • • • • • • • • • • • •	••••			•••••	••••	
	1.2	Full name (In		s)										
	1.3	Full name: (In Sinhala												
	1.4	National Id	entity Card N	No:										
02)	2.1	Permanent	address:											
	2.2	Official add	lress:											
		(An officer in the public or provincial Public Service should give his/her official address. Any change of address should be communicated immediately)												
	2.3	Telephone	Number:										• • • • • • • • • •	
03)	3.1	Date of Bir	th: Year :		Mont	h:		Dat	te:					
	3.2			nich the <i>Gaze</i> Months:										
04)	Sex	: Female	Male	e										
05)	Mar	rital Status:	Married	Unmai	rried									
06) Particulars of obtaining the basic qualification mentioned in No. 05 of the notification of calling f							for appl	ications.						
	Qualification			_	Institution					Date				
	 (Cor	oies of the ce	 rtificates sho	uld be produ	ced along	 with t	 he anı				• • • • •			

07) Highest Examination passed in Language Proficiency:

	(i) S	Sinhala	(ii) Tamil		(iii) English				
							-		
08)	Educational and p	rofessional qualificat	ions:						
	dates, subjects off		egrees obtained, names of qualifications. It is compu cation)						
	Educational and Institution professional qualifications		Pass (Class)	Effective Date		Subjects			
8	annual salary rece	ived and the cause o	neld: Please indicate the of f termination of employn along with the application	nent. (Copies					
	Post	From	То	Annual (Rs	- 1	Causes of termination of employment			
10)			Law for any criminal of	fence? If so, s	tate full par	rticulars with dates, qu	oting		
11)	Any further partic	culars:							
12)			o persons known to you, out you could be obtained		hose from	whom you obtain cha	racter		
	(i)								
	(ii)								
	I hereby certify that the particulars furnished by me in this application are true and accurate. I am also aware that if any particulars contained herein are found false or incorrect, I am liable to disqualification/dismissal without any compensation.								
Date	:			Signature of the		,			

Certificate of the Head of Department

Recommendation of the Head of the Department if the cand	idate is in the Public Service or Provincial Public Service
I hereby certify that the candidate named Mr./Mrs./Miss	has
been serving at the since been satisfactory.	and his/her work and conduct has
Date :	Signature and the Official stamp of the Head of the Department.

05-101