

NATIONAL DANGEROUS DRUGS CONTROL BOARD

SPECIMEN APPLICATION FORM

(Please fill in English only)

APPLICATION FOR THE POST OF

Exam Medium: Sinhala ☐
Tamil ☐

(Put a tick in the right box)

Reference No.
(Successfully Submitted Google Form)

Internal Applicant ☐
(work in NDDCB)

External Applicant ☐

1. Name in Full :
2. Name with Initials :
3. Permanent Address:.....
4. Present Address:.....
5. Contact No:..... 6. N.I.C.No:
7. Date of Birth:..... 8. Age:.....
9. Gender: 10. Marital Status:.....
11. Nationality:..... 12. Religion:.....
13. District :..... 14. Div.Sec:.....
15. Grama Niladhari Division:.....
16. School :

17. Educational Qualifications:

G.C.E.(O/L) Examination:			
Year: Index No:			
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

G.C.E.(A/L) Examination:	
Year: Index No:	
1.	
2.	
3.	
4.	
5.	
6.	

18.

Degree	University	Effective Date

19.

Diploma	Institute	Year

20. Other Higher Educational Qualification

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21. Professional Qualifications:

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22. Other Qualifications:

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23. Experience (In order from current Occupation)

Designation	Organization	From	To	Experience (Years & Months)

24. Referees:

(i) Name :..... (ii) Name :

Position :..... Position :

Address Address :

.....

Tele:..... Tele:.....

I do hereby agree with the conditions mentioned in the advertisement and certify that the above mentioned particulars are true and correct to the best of my knowledge.

Date:.....

.....

Signature of the Applicant

I hereby certify that Mr./ Mrs./ Miss..... bearing National Identity No.is working in this ministry/ department/ institution/ board, currently working asand his/ her work and conduct are satisfactory, no disciplinary actions pending against him/ her. If he/ she will be selected for this post, he/ she can/ cannot be released from this organization.

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Signature of the Head of the Department

Date :-

Name :-.....

Designation :-.....

25. Please Attach Bank Slip

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