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Appl	lication for the Post of	••••••	•••••	•••••	
1.0 1.1.	Personal Information: Name with Initials:				
1.2.	Name in full (English):				
	· -				
1.3.	Name in full (In Sinhala/Tamil):				
1.4	Permanent Address (English):				
1.5	Gender:				
1.6	Marital Status:				
1.7	National Identity Card: -				
1.8	Date of Birth: - Date	Month		Year	
1.9	Telephone No:				
1.10	District:				
1.11	Email Address:				
2.0	Educational Qualifications: -				
2.1	G. C. E. (O/L) Examination: Year	:		Index No	:
	Subject	Crade	Suk	viect	Grade

	Subject	Grade		Subject	Grade
1			6		
2			7		
3			8		
4			9		
5			10		

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2.2 G. C. E. (A/L) Examination: Year: -..... Index No: -.....

	Subject	Grade
1		
2		
3		
4		

2.3 Higher Educational Qualifications

PhD)		Education (General/ Special)	Year	Month	First Class / Second Class Upper / Second Class Lower / Pass)	(Years)	Country
Degree	Information Technology	General	2008	December	Pass	03	Sri Lanka
	,	egree Information	egree Information General	egree Information General 2008	egree Information General 2008 December	Special) Special) Special) Second Class Upper / Second Class Lower / Pass) egree Information General 2008 December Pass	Special) Special) Second Class Upper / Second Class Lower / Pass) egree Information General 2008 December Pass 03

3.0 Other Qualifications (Professional, Vocational, and Other Qualifications)

	Institute/Organization	Qualification	Category (Vocational, Professional, Other)	Date Award
Eg;	ABC	Chartered IT Professional	Professional	2015-08-15

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4.0 C	Other Performance and Skills				
5.0 V	Vorking Experiences				
	Company/Institute/Organiz	ation	Applicant Designation	From	То
Eg;	ABC		IT Officer	2013-07-15	2015-08-15
7.0 N	Jon- Related Referees				
	Name/Telephone No		Position	Addre	ess

8.0 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 inf	Formation stated above.				
Date	Applicant's Signature				
9 .0 This part is applicable only for candid	lates who engage in government employment.				
Attestation of the head of the Department/	Institution:				
this ministry/department/institution, is we conduct are satisfactory, no disciplinary as	who is working in orking in the post of				
Date					
Signature of the Head of the Departmen	nt or Authorized Officer				
Name:					
Designation: -					
Ministry / Department:					

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