Application for the Post of Manager - Information Security Operations									
Personal Information									For Office use only
Full Name									,
Name with Initials									
Date of Birth		DD	MM	YY	ϓΥ				
Age									
Gender									
NIC No									
Mobile No (1)									
Mobile No (2)									
Personal E-mail									
Permanent Address									
Education & Professional Qu	alification	on							
	elor's degree / Master's Degree					Effective Date	If available please mark (√)		
Name of the Qualification		Institute/University							
							DD/MM/YYYY		
						DD/MM/YYYY			
								<u> </u>	
Professional Certifications	Certified Information Systems Security Professional (CISSP) DD/MM/YYYY								_
	Certified Information Security Manager (CISM)						DD/MM/YYYY		_
	Certified in Risk and Information Systems Control (CRISC) Certified Ethical Hacker (CEH)						DD/MM/YYYY		-
0.1 0 117	Certifie	d Ethical Hacke	er (CEH)				DD/MM/YYYY		
Other Qualifications Overall Overall									
Name of the Qualification		Institute/Univers			ЗУ	Result	Effective Date		
						DD/MM/YYYY			
						DD/MM/YYYY			
Work Experience									
Present Duration									
Company		Designation			From	То	Nature of Duty		
					DD/MM/YYYY	DD/MM/YYYY			
					DD/MM/YYYY	DD/MM/YYYY			
					DD/MM/YYYY	DD/MM/YYYY			_
Non-Related Reference Deta	ile				DD/MM/YYYY	DD/MM/YYYY			
Name	113								
Designation									
Organization									
Mobile									
E-mail									
Declaration									
I hereby confirm that the above-provid	ed informa	tion is true, accu	rate, and complete t	o the best of m	ny knowledge a	nd belief.			
Signature		Date				DD	MM	YYYY	