Application for the Post of Director General - Department of Sports Development

	,	Sinhala/Tamil)		
Ì	i). Name with initials: (I	n English) Mr./Mrs./Miss h) Mr./Mrs./Miss.		
	rsonal Address:			
05. Na	ntional Identity Card No:			
06. Da	nte of Birth:			
07. Ag	ge on the Date 17/10/202	5 :Years: Mo	onths:	Dates:
08. Ma	arital Status:			
	ave you ever been convidues, provide details.	eted of any charge before t	he court? Yes/ No	
•••				
••••				
10. Ed	lucational/ Professional	Qualifications		
10.	.1 Degree Qualifications			
	Degree Qualifications	Scope and Medium of Language	University	Effective Date of the Degree

10.2 Experience

Organization	Position /	Period: From - To	No. of
	Designation		Years

11. Statement of the Applicant:					
I declare that the above particulars are true and correct. I am also aware that if any of the particulars in this application is found to be false or incorrect before selection, my application will be rejected and I am liable to be dismissed from the position without any compensation, if any such information is found to be false or incorrect after selection.					
Date:	Applicant's Signature				
12. Recommendation of the Applicant	's Signature:				
be submitted with the recommendation of Ministry/Provincial Council/Institute. If	e Sri Lanka Public Service, his /her application should of the Chief Accounting Officer (CAO) to the relevant the applicant is currently serving in the service of Trihis/her application should be submitted with the relevant Ministry.				
I certify that this applicant Mr./Mrs./Misknown to me personally and the informa	is significant is stated by he/she is correct.				
Date:	Chief Accounting Officer/ Secretary				
	Name:				
	Designation:				
	Official Stamp:				

(The certified copies of the certificates shall be attached and sent, the original copies of them shall be submitted at the interview)