						Арр	lication	1 NO			
	Office Use O	nlv					Call Up	No.			
	Office Use O	Qualifica	tion				Effect	ive Date			
	Institute				Post	Qualify	ing exp	erience		Y	М
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				ON SERVICE E INTERNAT							
	<u>A</u> I	PPLICATIO	N FOR TH	E POST OF	TECH	NICAL C	OFFICE	R (ELEC	CTRICA	<u>AL)</u>	
1	Title	: Mr	Mrs	Miss							
	Last Name:										
	Initials with Name	Last									
	Full Name a NIC (In Block Letters)										
	Other Names	5 : <u></u>									
2	NIC No:				Dat	e of Issu	ıe: Da	te Mo	nth	Year	
	Date Of Birth	n: Date	Month	Year	Age	as at 27				Month]
	Gender:	Male	Female	! N	lationality	' :					
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3	Contact De										
	Permanent A	ddress :									
	City/Town:				Postal	Code :					
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	Office :			E-Mail:							
	District :				Provin	ce:					

(Important - Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

4	Hignest Educa	tion Qualificat	tion	:					
	ACADEMIC (QUALIFICATION	<u>ONS</u>						
	G C E (O/L	.)							
5	Sı	ubject	G	Grade		Ind	lex No	`	Year
	1								
	G C E (A/L	.)							
6	Index No	:					Year :		
		Subject		Gra	ade		Subject		Grade
				l					
		<u>Y EDUCATION</u> iplomas etc.)	-	of cer	tificates :	shoul	d be attached)	
7	Name of the	University/	` <i>'</i>		riod		Field of	Results	Effective
	Degree/ Diploma	Institution	Fror (dd/mm,	n	To (dd/mm/	уууу)	Degree	(indicate Class or Grade)	Date

POSTGRADUATE QUALIFICATIONS (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

Name of the Degree/	University/	Per	riod	Subject	Effective
Postgraduate Diploma	Institution	From	То	Area/s	Date
		(dd/mm/yyyy)	(dd/mm/yyyy)		
			Postgraduate Diploma Institution From	Postgraduate Diploma Institution From To	

PROFESSIONAL QUALIFICATIONS (Examination/Memberships of Professional Bodies (Associate/Corporate Membership etc.) (Copies of certificates should be attached)

9	Institution	Name of the Examination/Membership	Membership Category	Effective Date

Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

10	Name of the Training Programme/Work shops ets.	Institution	Period

LANGUAGE PROFICIENCY:

(Please use words like Poor, Satisfactory, Good, Excellent to fill the table)

11	Language	Understanding	Speaking	Writing
	English			
	Sinhala			
	Tamil			

Employment History

2		Post	Institution	Per	iod	Describe th
				From (dd/mm/yyyy)	To (dd/mm/yyyy)	Work Don
	(b) Previous Employment (Copy of Post Institute		yment (<i>Copy of Service</i> (Institution	Certificate or Appointm		attached)
		. 050	Institution	From (dd/mm/yyyy)	То	Total Scrvi
		king Experience e explain the key res	sponsibilities handled unde	er each position mentic	oned above in part (I	b) in brief
	Details of two non relate		related referees:			
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	No.	Name & Position	Officia	Address & Tele. Nos.	Residential Ac	
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	No.	Name & Position	Officia	Address & Tele. Nos.		
a b	herel nware pefore	by certify that the that if any of thes	particulars submitted le particulars are found be dismissed without a	by me in this applicato be false or inaccu	ation are true and	l accurate. I o be disqual