

For office use

Application for Recruitment of Grade III Work Supervisor of Department of Community Based Corrections (Open)-2025

01. Personal Details:

1. Name in full (Sinhala / Tamil) :
- Name in full (English) :
2. Name with initials (Sinhala / Tamil):
- Name with initials (English) :
3. Permanent Address (Sinhala/Tamil):
- Permanent Address (English):
4. Gender:
5. Marital Status:
6. National Identity Card Number:
7. Date of Birth: Year Month..... Date:
8. Age as at closing date of application: Year Months..... Days:
9. Contact number:

02. Educational Qualifications:

02.1 G.C.E. (O/L) results

1. Year of examination:
2. Index Number:
3. Results obtained:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

02.2 G.C.E. (A/L) results

1. Year of examination:
2. Index Number:
3. Results obtained:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		3.	
2.		4.	

03.

03.1 Additional Educational Qualifications

<i>S.No.</i>	<i>Qualification</i>	<i>Awarded Institute</i>

03.2 English language proficiency

<i>S.No.</i>	<i>Qualification</i>	<i>Awarded Institute</i>

03.3 Computer Knowledge

<i>S.No.</i>	<i>Qualification</i>	<i>Awarded Institute</i>

03.4 Experience of Social Service / Social Work

<i>S.No.</i>	<i>Qualification</i>	<i>Institute</i>

04. Certification of the Applicant :

I hereby declare that the information furnished by me in this application are true and correct. I am also aware that I am illegible for the post, if any of the particulars in this application are found to be false or incorrect, before or during or after the interview and I agree to any decision taken to dismiss my application.

Date.....

.....

Signature of the Applicant.

Attestation of the Signature of the Applicant :

I certify that the applicant Mr/Mrs/Miss is known to me personally and he/she placed his/her signature in my presence today.....

Date:

.....

Signature of the Attester

Full Name of the Attester:.....

Designation:.....

Address :

(Place the rubber stamp)

Certification of the Head of the Department /Institution :

I am forwarding the application submitted by Mr./Mrs./Miss. I confirm that he/she is holding a permanent post in this institution and fulfil the requirements mentioned in the *Gazette* notification relevant for the post and he/she has not been subjected to any disciplinary punishment of any kind and hereby confirm that he/she can / cannot be released from service if selected.

.....,
Signature of the Head of the Department /Institute.

Date :-
Designation :-
Ministry/Department/ Institute :-
(Place the rubber stamp)

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