

## Road Development Authority (Rural Roads and Bridges Programme)

## Application for the Post of Chief Engineer (Project) (for External Candidates)

| 1      | Name with initials:                                                    |           |                                         |     |       |                |                                 |
|--------|------------------------------------------------------------------------|-----------|-----------------------------------------|-----|-------|----------------|---------------------------------|
| 2      | Name in full:                                                          |           |                                         |     |       |                |                                 |
| 3      | Gender :<br>(Male/Female)                                              |           |                                         |     |       |                |                                 |
| 4      | Place of work:                                                         |           |                                         |     |       |                |                                 |
| 5      | Date of Birth (Y/M/ I                                                  | D):       |                                         |     |       |                |                                 |
| 6      | NIC Number :                                                           |           |                                         |     |       |                |                                 |
| 7      | Permanent Address:                                                     |           |                                         |     |       |                |                                 |
| 8      | Telephone Number                                                       | Offici    | al:                                     |     |       | Mobile :       |                                 |
| 9      | E-Mail Address                                                         |           | ·                                       |     |       |                |                                 |
| F      | Qualification with Exp<br>External Category:<br>Degree Qualifications: | erience : |                                         |     |       |                |                                 |
|        | Title of the Degree Name                                               |           | ne of the University/ Institution  Loca |     | Local | or Foreign     | Effective date of Qualification |
|        |                                                                        |           | A                                       | AND |       |                |                                 |
| T<br>T | The Membership in the c  Membership Cate                               |           | itute:  Institution                     |     |       | Effective date |                                 |
| -      | Weinbersing Cate                                                       | .gory     | Institution                             |     |       | Effective date |                                 |
|        |                                                                        |           |                                         |     |       |                |                                 |

| iversity/<br>titution | Prom – to)  Durat | Y         | Y       | M                           |  |
|-----------------------|-------------------|-----------|---------|-----------------------------|--|
|                       | Durat             |           |         |                             |  |
|                       | Durat             |           | T       |                             |  |
|                       | Durat             |           |         |                             |  |
| l                     |                   | Duration  |         | Effective date Qualificatio |  |
|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
| gher position         | n to lower pos    | eition) : | 1       |                             |  |
| alary Code            |                   | Period    |         | o. of                       |  |
| (If Any)              | From              | То        | Y       | M                           |  |
|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
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|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
|                       |                   |           |         |                             |  |
|                       |                   | ii Nama   | ii Name | ii. Name -                  |  |

Address

Contact No.

Address
Contact No.

| I certify that the above particulars fur | I certify that the above particulars furnished by me are true and correct. |      |  |  |  |  |
|------------------------------------------|----------------------------------------------------------------------------|------|--|--|--|--|
| Signature of Applicant                   |                                                                            | Date |  |  |  |  |
| Director General,<br>RDA                 |                                                                            |      |  |  |  |  |
| Mr. / Mrs                                |                                                                            |      |  |  |  |  |
| Signature of the HOD                     | Official Seal                                                              |      |  |  |  |  |