BUREAU OF REHABILITATION

MINISTRY OF PUBLIC SECURITY AND PARLIAMENTARY AFFAIRS

APPLICATION FORM

(Please fill in English only)

APPLICATION FOR THE POST OF

……

Exam Medium: Sinhala ☐ Tamil ☐ English ☐

Reference No. ☐

Internal Applicant (Work in BOR) ☐

External Applicant ☐

(Put a tick in the right box)

1. Name in Full : .....

……

2. Name with Initials: ……

3. Permanent Address:……

.....

.....

4. Present Address:……

.....

.....

5. Contact No:…… 06. N.I.C.No: ……

7. Date of Birth:…… 08. Age:……

9. Gender: …… 10. Marital Status:……

11. Nationality:…… 12. Religion:……

13. District :…… 14. Div.Sec:……

15. Grama Niladhari Division:……

16. Email : ……

17. Schools attended:……

18. Educational Qualifications:

G.C.E.(O/L) Examination: Year: …… Index No: ……..			
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

G.C.E.(A/L) Examination: Year: …… Index No: ……	
1.	
2.	
3.	
4.	
5.	
6.	

19.

Degree	University	Effective Date

20.

Diploma	Institute	Year

21. Other Higher Educational Qualifications (if any)

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……
……
……

22. Professional Qualifications :

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……
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23. Other Qualifications

……
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……
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24. Experience (In order from current Occupation)

Designation	Organization	From	To	Experience (Year & Months)

25. Extracurricular Activities

……
……
……
……

26. Language Skills

Language	Very Good	Good	Normal	Weak	Very Weak
Sinhala					
Tamil					
English					

27. Referees:

(i) Name :…… (ii) Name : ……

Position :……. Position :……

Address:…… Address :……..

…….. ……..

Tele:……. Tele :……

I do hereby agreed with the conditions mentioned in the advertisement and certify that the above mentioned particulars are true and correct to the best of my knowledge.

Date:…… ……

Signature of the Applicant

I hereby certify that Mr./ Mrs./ Miss. ……..bearing National Identity No. …….. is working in this ministry/ department/ institution/ board, currently working as …… and his/ her work and conduct are satisfactory, no disciplinary actions pending against him/ her. If he/ she will be selected for this post, he/ she can/ cannot be released from this organization.

……

Signature of the Head of the Department

Date :- ……

Name :- ……

Designation :- ……