

Sample Application form

Application No:.....
(Office Use Only)

MINISTRY OF PUBLIC ADMINISTRATION, PROVINCIAL COUNCILS AND LOCAL
GOVERNMENT

SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION



Director (IT & Program Promotion)

➤ Personal Details

01. Full Name :

02. Date of Birth : 03. ID No. :
DD MM YYYY

04. Permanent Address:

05. Official Address :

06. Date of appointment to the all island services:
DD MM YYYY

07. Date of promotion to the Class I :
DD MM YYYY

08. Current Designation:

09. e- mail address: 09. Contact No: Mobile

Residence

➤ **Educational Qualifications**

Degree	Graduated Year	Name of the University
01. Name of the basic Degree With field		

02. Master's Degree

➤ **Professional Qualification**

01.

02.

03.

04.

➤ **Other Qualifications relevant to the post**

01.

02.

I hereby declare that the above furnished information is correct to the best of my knowledge and bear the responsibility for the correctness. If any of above found false at any stage even after appointment to the post I agree with any type of disciplinary action against me by the authority.

Date

Applicant

Certification of Head of Department/Institution

I recommended and forward the application of Mr. / Mrs. / Miss.....
holding the post ofin this department/institution.

I certify that he / she has been confirmed in this post and his / her work and conduct are satisfactory and that he/ she has not been subjected to any disciplinary action or there is no intention to make such inquiry.

He/ she can be released on secondment basis from the service if selected for this position within three (03) months.

Date

.....
Signature of head of Department/ Institution
(Official Stamp)