

Sri Lanka Foundation Institute

Application Form

Post of: Director General

01. (a) Name with initials (in English) :

.....

02. National Identity Card Number

03. (a) Private Address (In English):

.....

Telephone No:

(b) Official Address (In English):

.....

Telephone No:

(c) Please indicate the address to which the Letter should be posted.

Private Office

04. (a) Date of birth:

(A copy of the birth certificate should be attached)

(b) Age as at closing date for applications: Years: Months: Days:

05. Civil Status:

06. Gender:

07. State whether a citizen of Sri Lanka: (Yes/No)

08. Educational and Higher Qualifications:

(Copies of the certificates should be attached)

University-.....

Year-.....

Degree-.....

09. Professional Qualifications: (Copies of the certificates should be attached)

Course	Institution	Effective Date

10. Experience: (Copies of the certificates should be attached)

Institute	Designation	Duration

11. Other Achievements

Achievement		

12. Two non-related Referees

Name	Position	Address	Telephone No.

13. Have you served under the Government before? (Yes / No)

If yes, give details:

.....

I do hereby certify that all the particulars furnished by me in this application are true and correct. I am also aware that, I am liable to be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation if such detection is made after appointment.

Date:
.....

Signature of the Applicant

Certification of Head of Department/Institution

(Only for applicants serving in the Public Service/Provincial Public Service)

Director General,

I recommend and forward the application of Mr. / Mrs. /Miss..... holding the post of in this Institution. I certify that he/she has been/has not 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 permanently from the service if selected for this post. (Please strike through the irrelevant words.)

Date:
.....

Signature of Head of Department/Institution
(Official Stamp)