

# Application for the Post of Manager-Call Centre Operations

|  |  |                |             |                |   |   |
|--|--|----------------|-------------|----------------|---|---|
| <b>Personal Information</b>  |  |                |             |                |   | For Office use only                                 |
| Full Name  |  |                |             |                |   |   |
| Name with Initial  |  |                |             |                |   |   |
| Date of Birth  |  | DD             | MM          | YYYY           | <b>Photo</b>  |   |
| <b>Age</b> (as at the closing date of application, 02.02.2026)   |  | Years & Months |             |                |   |   |
| Gender   |  |                |             |                |   |   |
| NIC No   |  |                |             |                |   |   |
| Mobile No (1)  |  |                |             |                |   |   |
| Mobile No (2)  |  |                |             |                |   |   |
| Personal E-mail  |  |                |             |                |   |   |
| Permanent Address  |  |                |             |                |   |   |
| <b>Education Qualification</b>   |  |                |             |                |   |   |
| <b>Degree</b><br>(offered by a University /Institution recognized by the university Grant Commission of Sri Lanka)           |  |                |             |                | If available, Please tick the appropriate box below |   |
| Possess a Master's degree in Business Administration, Management   |  |                |             |                | YES   | NO  |
| Possess a Bachelor's degree in Business Administration, Management   |  |                |             |                | YES   | NO  |
| Possess a Diploma in Business Administration, Management   |  |                |             |                | YES   | NO  |
| Other Master's or Bachelor's Degree or Diploma<br>(Please specify field )  |  |                |             |                | YES   | NO  |
| <b>Work Experience</b>   |  |                |             |                |   | If available, Please tick the appropriate box below |
| Minimum of 10 years of experience in a contact center environment.   |  |                |             |                | YES   | NO  |
| with at least 05 years in an Assistant Manager/Manager role.   |  |                |             |                | YES   | NO  |
| <b>Current Working Details</b>   |  |                |             |                |   |   |
| Name of the organisation   |  | Designation    | Duration    | Nature of Duty |   |   |
|  |  |                |             |                |   |   |
| <b>Non-Related Reference Details</b>   |  |                |             |                |   |   |
| Name   |  |                |             |                |   |   |
| Designation  |  |                |             |                |   |   |
| Organization   |  |                |             |                |   |   |
| Mobile   |  |                |             |                |   |   |
| E-mail   |  |                |             |                |   |   |
| <b>Declaration</b>   |  |                |             |                |   |   |
| I hereby confirm that the above-provided information is true, accurate, and complete to the best of my knowledge and belief. |  |                |             |                |   |   |
| <b>Signature</b>   |  |                | <b>Date</b> | DD             | MM  | YYYY  |