

**MINISTRY OF JUSTICE AND NATIONAL INTEGRATION  
OFFICE FOR REPARATIONS – SRI LANKA**

**Application for the Post of** : .....

**A. Personal Details**

01. Name with Initials  
(Mr./Mrs./Miss):.....  
.....

02. Name denoted by the Initials :.....  
.....

03. (a) Date of Birth : ..... - ..... - .....

DD MM YYYY

(b) Age as at 08<sup>th</sup> May 2026: : ..... - ..... - .....

DD MM YYYY

04. National Identity Card No : .....

05. Civil Status (Married/Unmarried) :.....

06. Gender (Male/Female):.....

**B. Contact Details**

07. Permanent Address: .....

08. Correspondence Address (If different from the permanent address) :.....  
.....

09. Contact No:      9.1 Residence - .....

9.2 Mobile                      - .....

9.3 WhatsApp - .....

10. E-mail Address: .....



12.2 Professional Qualifications *(Copies of the certificates should be attached.)*

Course	Institution	Effective date

12.3. Other Qualifications

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12.4. Language Skills (indicate the level of proficiency in the appropriate cage using the index given below):

Languages	Reading	Writing	Conversation
Sinhala			
Tamil			
English			
Others (Specify)			

Index:

- A- Fully Competent
- B- Moderately Competent
- C- Can Manage with difficulty
- D- Not Competent

13. Experience relevant for the position applied for

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14. Preferred language for sitting the written selection examination; (Sinhala/Tamil/English): .....

**E. Certification of the Applicant**

I hereby declare that the above-furnished information is correct and accurate.

Date: - .....

.....

Applicant's Signature

**F. (This part is applicable only to candidates currently employed in the Government Sector / Statutory Bodies) .**

**Attestation of the Head of the Department / Institution.**

I hereby certify that Dr./Mr./Mrs./Miss.....who is working in this ministry/ department / institution, is working in the post .....and his /her work and conduct are satisfactory, no disciplinary action pending against him/ her and no decision has been taken to impose any such in the future. If he / she will be selected for this post, he / she can /cannot be released from the service.

Date:.....

.....

Signature of the Head of the Department /Institute

Name :- .....

Designation :- .....

Ministry/Department/ Institute: - .....

(Place the official stamp)