

Model Application Form

Ministry of Environment

Recruitment for the post of Electrician of the Department Coast Conservation and Coastal Resources Management

Medium of Language for Application

Sinhala -2

Tamil – 3

English – 4

1. Name with initials -:

(Mr. / Mrs. / Miss.)

In Sinhala –

In English –

:

1.1 Names denoted by initials (in clear hand writing)

In Sinhala –

:

In English –

:

2. National Identity Card No. :-.....

3. Date of Birth :-
 Year :..... Manth :..... Date :.....

4. Gender - Female – 1 Male – 0

5. Permanent Address (in clear hand writing) :-

6. Telephone Number :- Fixed:..... Mobile:.....

7. Educational Qualifications :-

7.1. Details of the G. C. E. (O / L) Examination

- I. Year and the months of the Examination :-.....
- II. Index Number :-
- III. Year of Passed :-

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

7.2. Details of the G. C. E. (A / L) Examination

- I. Year and the months of the Examination :-.....
- II. Index Number - :
- III. Year of Passed :-

<i>Subject</i>	<i>Grade</i>
1.	
2.	
3.	
4.	

8. Professional Qualifications :-

9. Experience obtained related to the Post :-

10. Have you been convicted in a Court of Law for an offence? Yes / No

10.1. If yes, provide details -:

.....
.....

11. Two Non-related Referees -:

1. Name -:

Position -:

Address -:

Telephone No. -:

2. Name -:

Position -:

Address -:

Telephone No -:

12. Candidate's Certificate -:

- (a) I state that the information furnished by me in this application is true and accurate to the best of my knowledge.
(b) I hereby inform that if this statement made by me is proven to be false, I will be disqualified for employment and if so, proven after the appointment, I will be liable to be dismissed from service.
(c) I will not change any of the information provided here later.

Date :.....

.....,
Signature of the Candidate.

13. Attestation of the candidate's Signature -:

I personally know the person namedwho submits this application,
I certify and attest that he / she placed his signature under the para 12 on this day of..... in my presence.

.....,
Signature of the Attester.

Date -:

Name of the Attester -:

Position -:

Address -:

(Confirm by Official Stamp)