

**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

Sihala -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 :..... Month :..... 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 -:       | 2. Name -:       |
| Position -:      | Position -:      |
| Address -:       | Address -:       |
| Telephone No. -: | 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 named .....who 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)