DEPARTMENT OF MOTOR TRAFFIC

VEHICULAR EMISSION TESTING PROGRAMME UNIT

APPLICATION FORM FOR RECRUITMENT TO VACANT POSITIONS

Post Applied For: _____

01. Name

1.1 Name with initials at the end (in English CAPITAL letters):

_____

1.2 Gender: Male / Female _____

1.3 Full Name (in English CAPITAL letters): _____

1.4 Full Name (in Sinhala/Tamil): _____

1.5 National Identity Card No.: _____

02. Permanent Address (in English CAPITAL letters): _____

03. Date of Birth: Year: _____ **Month:** _____ **Day:** _____

_____

04. Marital Status: Married / Unmarried

_____

05. WhatsApp No.: _____

Mobile Telephone No.: _____

Email Address: _____

06. Educational Qualifications

Please list your educational qualifications, starting with the highest qualification obtained.

Degree / Postgraduate Degree	Year	Institution	Special / General

07. Details of Other Professional Qualifications

Professional Qualification	Issuing Institution	Details of Subjects / Field

08. Details of Other Skills

Place a √ mark in the relevant box.

Skill	Very Good	Good	Average	Poor
English Language Proficiency				
Sinhala Language Proficiency				
MS Office Literacy				
Computer Literacy				
Ability to use Artificial Intelligence for work-related tasks				
Statistical Software Literacy				

09. Details of Experience Relevant to the Post

1.

_____

2.

_____

3.

_____

10. Details of Institutions Served and Employment

No.	Institution	Period of Service	Duties / Functions Performed
1			
2			
3			
4			

11. Applicant's Declaration

I hereby respectfully declare that the information furnished by me in this application is true and correct to the best of my knowledge. I agree to accept responsibility for any loss that may arise due to any section of this application being left incomplete and/or incorrectly completed. I further declare that all sections of this application have been completed to the best of my knowledge.

I undertake not to alter any of the information stated herein subsequently.

Date: _____

Signature of Applicant: _____

12. Certification of Signature

I certify that Mr./Mrs./Miss _____, who is submitting this application, is personally known to me and that he/she placed his/her specimen signature before me on _____.

Signature of Certifying Officer: _____

Date: _____

Full Name of Certifying Officer: _____

Designation: _____

Address: _____

(To be certified with the official seal.)

13. Certification by Head of Department / Ministry

This is to certify that the applicant, Mr./Mrs./Miss _____, is presently serving as a permanent employee of this Ministry/Department in the position of _____. If selected for this post, he/she can / cannot be released from his/her present service on secondment / no-pay leave.

Signature and Official Seal of Head of Institution: _____

Name: _____

Designation: _____

Address: _____

Date: _____