

For office use only

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Application for the Post of.....

(Certified true copies of the certificates must be attached)

1.0 Personal Information:

1.1. Name with Initials:

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1.2. Name in full (English):-.....

.....

1.3. Name in full (In Sinhala/Tamil):-.....

1.4 Permanent Address (English):-.....

.....

1.5 Gender: -.....

1.6 Marital Status:-

1.7 National Identity Card No:-

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1.8 Date of Birth: - Date

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Month

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Year

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1.9 Telephone No:

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1.10 District: -.....

1.11 Email Address: -.....

2.0 Educational Qualifications:-

2.1 G. C. E. (O/L) Examination: Year: -..... Index No: -

	Subject	Grade		Subject	Grade
1			6		
2			7		
3			8		
4			9		
5					

2.2 G. C. E. (A/L) Examination: Year: -..... Index No: -

	Subject	Grade
1		
2		
3		
4		

3.0 Other Qualifications (Vocational, Professional and other Qualifications) :-

	Institute/Organization	Qualification	Category (Vocational, Professional, other)	Date Award
Eg;	ABC	Chartered IT Professional	Information Technology	2015-08-15

4.0 Other Performance and Skills

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5.0 If applying for the post of Driver (Only applicable for heavy vehicle Drivers)

Driving License Number :

Effective Date of the driving License: from to

6.0 Working Experience

	Company/Institute/Organization	Applicant Designation	From	To
Eg;	ABC	IT Officer	2013-07-15	2015-08-15

7.0 Extra Curricula Activities

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8.0 Non- Related Referee

Name/Telephone No	Position	Address

9.0 Declaration of the Applicant

- (a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and /or incorrect Completion of any part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge.
- (b) I shall not subsequently change any information stated above.

.....

Date

.....

Applicant's Signature

10 .0 (This section must be completed by applicants currently employed in the public service.)

Attestation of the head of the Department/ Institution:

I hereby certify that Mr./Mrs./Misswho is working in this ministry/department/institution, is working in the post of..... 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 or Authorized Officer**

Name:

Designation:-

Ministry / Department:-.....