

MINISTRY OF TRANSPORT, HIGHWAYS AND URBAN DEVELOPMENT
Anuradhapura Integrated Urban Development Project (AIUDP)

Application for the Post of Office Assistant

1.	Name in Full (<i>Please underline the surname</i>):	
2.	Contact Details	
	<i>i. Address (Office):</i>	
	<i>ii. Address (Residence):</i>	
	<i>iii. Telephone (Office):</i>	
	<i>vi. Telephone (Res Mobile):</i>	
	<i>v. Fax:</i>	
	<i>vi. Email (Personal) :</i>	
3.	Current Employment :	
	<i>i. Institution:</i>	
	<i>ii. Position :</i>	
	<i>iii. Appointment Date :</i>	
4.	National Identity Card Passport Number:	
5.	i. Gender:	Male / Female
6.	i. Date of Birth :	Date:.....Month Year.....
	ii. Age as at closing date of applications:	Date:.....Month Year.....
7.	State whether a citizen of Sri Lanka?	By descent / by registration

08.	Educational Qualifications:		<i>Use a separate sheet if the space provided is inadequate</i>	
	<i>Degree</i>	<i>Year</i>	<i>Main Subject(s)</i>	<i>University Institution</i>
09.	Professional Qualifications:		<i>Use a separate sheet if the space provided is inadequate</i>	
	<i>Qualification</i>	<i>Year</i>	<i>Institution</i>	<i>Membership No.</i>
10.	Experience:		<i>Use a separate sheet if the space provided is inadequate</i>	
	i. Organization:		ii. Service Period:	

11.	Experience in handling similar type of projects: <i>Use a separate sheet if the space provided is inadequate</i>	
12.	Contribution made to the relevant field <i>Use a separate sheet if the space provided is inadequate</i>	
13.	Other Relevant Details (If any):	
	I hereby certify that the particulars furnished by me in this application are true and accurate. I'm aware that if any particulars contained in this application found to be false and incorrect, before selection, I'm liable to disqualify for the selection and if found subsequently to the appointment, I will be dismissed without any compensation.	
	Date:	Signature of the Applicant
14.	Attestation of the Applicant's Signature:	
	I hereby certify that..... who applies for the post of in the is personally, known to me and he/she has placed his/her signature on in my presence.	
	Date:	Signature of the Attester
	Place:	
	Full Name of the Attester:	

	Address	
Attestation of the Head of the Department/Institution <i>(To be filled only by the state sector applicants who submit their applications through respective organizations)</i>		
15	I hereby recommend and forward the application of.....who is presently working in this Ministry/organization as I certify that his work and conduct are satisfactory and he/she can/cannot be released from the present post in case that he is selected for the new post.	
	Date:	Signature of the Head of the Department
	(Official Seal)	