Commission to Investigate Allegations of Bribery or Corruption

Application for Open Recruitment to the Post of Assistant Director (Maintenance)-Grade II

Medium: **Sinhala** ☐ **Tamil** ☐ **English** ☐

(Application shall be completed in English block capitals)

1.0	**1.1 Name in Full**	
	1.2 Name in Full (Sinhala/Tamil)	
	1.3 Name with Initials	
2.0	**2.1 Permanent Address**	
	2.2 Postal Address	
	2.3 District	
	2.4 Province	
3.0	**3.1 Gender**	
	3.2 National Identity Card Number	
4.0	**4.1 Mobile Telephone No./WhatsApp No.**	
	4.2 Fixed Telephone No.	
	4.3 E-mail Address	
5.0	**5.1 Date of Birth**	
	5.2 Age as at the Closing Date of Applications	_____Years _____Months _____Days
6.0	**6.1 Marital Status**	
7.0	**7.1 Nationality**	
8.0	**8.1 Religion**	

9.0 Educational Qualifications Language medium: _____

Degree	
University/ Institution	
Year	
Class of Degree	

10.0 Additional educational qualifications

Examination/Course	Institution	Results

11.0 English Language Proficiency

Documents in proof of proficiency
1.
2.
3.

12.0 Computer Literacy

Qualification	Institution	Duration

13.0 Other Qualifications

14.0 Details of the examination fee payment receipt

The bank/institution to which the payment of the examination fee was made _____

Date _____

Amount paid _____

(Firmly affix the original receipt here.)

15.0 Declaration by Applicant

I declare that the information provided in this application is true and correct to the best of my knowledge. I am aware that the Commission to Investigate Allegations of Bribery or Corruption reserves the right to cancel my candidature/appointment if any information furnished herein is found to be false or incorrect before or after recruitment.

I agree to abide by the rules and regulations related to this appointment and to accept any decision taken in respect of the cancellation of my candidature/ or appointment, in case I am found to be unqualified in terms of the applicable rules and regulations.

Date: _____Signature of Applicant

16.0 Attestation of Signature

I certify that Mr./Mrs./Ms_____who submits this application is known to me personally and that he placed his signature in my presence on _____

Signature and official seal of the Attesting Officer

Full Name of the Attesting Officer : _____

Designation : _____

Address : _____

Date : _____