MINISTRY OF EDUCATION,
HIGHER EDUCATION AND VOCATIONAL EDUCATION

SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION (SLIATE)

Application Form

Post :- Deputy Director General (Administration & Finance)

1. Name in Full (Mr/Mrs/Miss) :- ……

2. Name with Initials :- ……

3. Date of Birth :- ……

4. Contact Information :-

Postal Address-……

Phone Number- Official/Fixed -……..

Mobile -…….. e-mail - ……

5. National ID card No :-……

6. Academic Qualifications: (*Mention whether you have a class if applicable*)

	Name of the Qualification	Name of the Institute	Year
i.	…….. …..	……..	…….
ii.	…….. ….	……..	……
iii.	……	……..	……
iv.	……	……..	……
v.	……	……..	……
vi.	……	……..	……
vii.	……	……..	……
viii.	……	……..	……
ix.	……	……..	……
x.	……	……..	……

7. Professional Qualifications

	Name of the Qualification	Name of the Institute	Year
i.	…….. …..	……..	…….
ii.	…….. ….	……..	……
iii.	……	……..	……
iv.	……	……..	……
v.	……	……..	……

8. Other Qualifications/ Extracurricular activities

……...

……...

……...

……...

……...

……...

9. Working Experience

	Position	Organization	from	To	Years
Present					
Past					

10. Name, Position and Contact Information of two Non-Related Referees.

I do hereby certify that all the above information is true and correct for the best of my knowledge.

……

Date: - ……. Signature of Applicant