(For office use only)

**Application for the Post of** ……………………………………………………………

1.0 Personal Information:

 1.1 Name with Initials at the end (In English block capitals) :-

 (Ex : GUNAWARDHANA H.M.S.K)

 1.2 Name in full (In English block capitals) :-

 (Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

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

 1.4 Permanent Address (In Sinhala/Tamil) :-

 1.5 Permanent Address (In English block capitals) :-

 1.6 Gender:-

 1.7 Marital Status:-

 1.8 Ethnic Group :-

 1.9 National Identity Card No:-

 1.10 Date of Birth: - Date Month Year

 1.11 Telephone No:

 1.12 District:-

 1.13 Electorate Division:-

 1.14 Grama NiladariDivision :-

 1.15 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. |  |  | 10. |  |  |

3.0 Professional Qualifications:-

4.0 Other Qualifications:-

5.0 Non-Related Referees

|  |  |  |
| --- | --- | --- |
| Name / Telephone No | Position | Address |
| 1. |  |  |
| 2. |  |  |

6.0 **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

7.0 **Attestation**:

 I do hereby certify that Mr./Mrs./Miss ………………………………………...……………………………

 ……………………………….. is personally known to me and placed his/her signature in my presence on ……………………………

Date …………………………… ….………………………………...

 Signature of Certifying Officer

Name:

Designation:

Address:

8.0 **(This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution**:

I hereby certify that Mr./Mrs./Miss ……………………………………………………………………… ………………………………… who 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:-