

13. Educational Qualifications

13.1. G. C. E. (O/L) Examination *(Please attach a photocopy of the G.C.E. Ordinary Level Certificate)*

Year: - Index No :-

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

13.2. G. C. E. (A/L) Examination *(Please attach a photocopy of the G.C.E. Advanced Level Certificate)*

Year: - Index No :-

	Subject	Grade		Subject	Grade
1.			3.		
2.			4.		

14. Other Qualifications

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15. Non-Related Referees:

Name / Telephone No	Position	Address

16. Applicant’s Declaration

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification prior to selection or dismissal without compensation if discovered after appointment.

.....

Date

.....

Signature of the applicant

17. For Public Service/Corporations/Statutory Boards Candidates only.

I hereby certify that the particulars furnished by the applicant in this application are correct according to the updated records in the applicant’s personal file. As of now, no disciplinary action has been taken against the applicant. If the applicant is selected for this post, he/she can / cannot be released from his/her current position.

.....

Date

.....

Signature of Head of the Department

13. Higher Education Qualifications

(Relevant Degrees/NVQ 7 & Postgraduate Qualifications)

SN	Name of University / Institute	Title of Degree/NVQ 07	Effective Date

14. Professional Qualifications

(e.g., NVQ Certificates, Diplomas, or any other qualifications directly related to the position applied for)

SN	Name of University / Institute	Title	Effective Date

15. Work Experience

(Mention only work experience relevant to the position.)

SN	Name & Address of the Institute	Designation	Duration	
			From (D/M/Y)	To (D/M/Y)

16. Memberships of Professional Bodies:

- 1.
- 2.

17. Language Proficiency:

Language	Basic	Intermediate	Proficient
English			
Sinhala			
Tamil			

18. Non-Related Referees:

01. Name

Designation

Contact Number

Address
- :

:

:

:
- 02 Name

Designation

Contact Number

Address
- :

:

:

:

19. Applicant’s Declaration

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification prior to selection or dismissal without compensation if discovered after appointment.

.....

Date

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Signature of the applicant

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Date

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Signature of Head of the Department