අයදුම් පත්‍රය ඉංග්‍රීසි මාධ්‍යයෙන් පමණක් සම්පූර්ණ කලයුතුවේ
விண்ணப்பப் படிவம் ஆங்கிலத்தில் பூர்த்தி செய்யப்பட வேண்டும்
The application form should be completed in English

Application for the Post of .....

A. Personal Details

01. Name in full (Mr./Mrs./Miss) :
……..……..……
……

02. Date of birth : ……. - …….. - ……..……
DD MM YYYY

03. National Identity Card No : ……..……

B. Contact Details

04. Permanent address:
……
……

05. Correspondence address (If different from the permanent address) :
……
……

06. Official address:
……
……

07. Contact No: 7.1 Residence - ……
7.2 Mobile - ……
7.3 Whatsapp - ……

08. E-mail address: ……

C. Employment Details

09. Present employment

9.1 Designation - ……

9.2 Institution - ……

9.3 Ministry (Only if applicable) - ……

10. Service details

10.1 Service - ……

10.2 Date of appointment to the above service - ……. ……

10.3 The Grade you presently hold, and the date of promotion to that grade

……

D. Qualifications and experiences

11. Qualifications

Qualification	Results/Grade/Class	Qualified Year	Name of the Institute
11. 1 Academic Qualification			
Master's Degree			
Bachelor's Degree			
Other (Please Mention)			
11.2 Educational Qualification (Submission is not mandatory for Executive Grade Posts)			
G.C.E. Advanced Level			
G.C.E. Ordinary Level			
Other (Please Mention)			
11.3 Professional Qualification			

12. Relevant experience for the position applied for

01. ……..

02. ……..

E. Certification of the Applicant

I hereby declare that the above-furnished information is correct to the best of my knowledge and bear responsibility for its accuracy. If any of the above information is found false at any time, even after appointment to the post, I agree with any type of disciplinary action taken against me by the commission.

Date: - ……. ……

Applicant's Signature

F. Certification of the Head of the Department /Institution

I hereby forward the application submitted by Mr./Mrs./Miss ..... and certify that the information provided under Nos. 09 and 10 (Part C) is accurate.

.....

Signature of the Head of the Department /Institute

Date: - ……

Designation: - ……

Ministry/Department/ Institute: - …… (Place the rubber stamp)