Application Form

For office use only

Establishment of ICT Hubs for Secondary Education (GOSL/EDCP) Project-SRI-31
Ministry of Education, Higher Education and Vocational Education

Application for the Post of ……..……

01. PERSONAL INFORMATION

Status	Dr.	Mr.	Mrs.	Miss.

Name in Full (in English block letters)	
Name with Initials (in English block letters)	
Permanent Address (in English block letters)	

Province		District	

Divisional Secretariat	

Grama Niladhari Division	

E-mail Address	

Telephone		Ethnic Group	

NIC No.		Civil Status		Gender	

Date of Birth	**Date**	**Month**	**Year**

Age as at closing date	**Days**	**Months**	**Years**

02. EDUCATIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

I. G.C.E (Ordinary Level) Examination	Index No	
	Year	

#	Subject	Grade	#	Subject	Grade
01.			06.		
02.			07.		
03.			08.		
04.			09.		
05.			10.		

II. G.C.E (Advanced Level) Examination	Index No	
	Year	
	Stream	
	Z-Score	

#	Subject	Grade	#	Subject	Grade
01.			03.		
02.			04.		

03. ACADEMIC QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

University	Period	Major Field	Degree / Diploma	Class (If Any)	Year

04. PROFESSIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

Institution	Period	Field of Study / Training	Qualification	Year

05. WORK EXPERIENCE (ATTACH COPIES OF CERTIFICATES)

Organization	Period	Position Held	Nature of Work

06. ANY OTHER QUALIFICATIONS (IF ANY)

07. LANGUAGE PROFICIENCY

Language	Basic	Intermediate	Fluent
English			
Sinhala			

*** All original certificates must be presented to the interview panel**

08. TWO NON-RELATED REFEREES

Name	Position	Address	Telephone No

09. DECLARATION OF THE APPLICANT

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.

I shall not subsequently change any information stated above.

Date: …….. ……..
Signature of Applicant

10. ATTESTATION

I do hereby certify that Dr. / 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: ……..

10. (THIS PART IS APPLICABLE ONLY FOR CANDIDATES WHO ENGAGE IN GOVERNMENT EMPLOYMENT) ATTESTATION OF THE HEAD OF THE DEPARTMENT / INSTITUTION

I hereby certify that Dr. / 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 / Authorized Officer

Name: ……..

Designation: ……

Address: ……..