

## Application Form

*For office use only*

**Application for the Post of .....**

## 01. PERSONAL INFORMATION

Status	Dr.	Mr.	Mrs.	Miss.
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Province \_\_\_\_\_ District \_\_\_\_\_

## Divisional Secretariat

Gram Niladhari Division

E-mail Address	
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Telephone      Ethnic Group

NIC No.								Civil Status			Gender	
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Date of Birth	Date	Month	Year	Age as at closing date	Days	Months	Years

**02. EDUCATIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)**

<b>I. G.C.E (Ordinary Level) Examination</b>	Index No	
	Year	

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

<b>II. G.C.E (Advanced Level) Examination</b>	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. TWO NON-RELATED REFEREES**

Name	Position	Address	Telephone No

**08. 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

## **09. 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: .....

## INSTRUCTIONS

## APPLICATION FORM

Application Form	
<i>For office use only</i>	
<b>Name of the Ministry / Department / Institution</b>	
<b>Name of the Post (Name of the Vacancy)</b>	
<b>Application for the Post</b> .....	

## ENVELOP COVER



## E-MAIL

New Message

To  Cc Bcc

Subject

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