

## Application for the Post of Manager-Network Security Audit

| Personal Information  |                |          |                |   | For Office use only |      |
|---|----------------|----------|----------------|---|---------------------|------|
| Full Name   |                |          |                |   |                     |      |
| Name with Initial   |                |          |                |   |                     |      |
| Date of Birth   | DD             | MM       | YYYY           | <b>Photo</b>  |                     |      |
| <b>Age</b> (as at the closing date of application, 15.06.2026)  | Years & Months |          |                |   |                     |      |
| Gender  |                |          |                |   |                     |      |
| NIC No  |                |          |                |   |                     |      |
| Nationality   |                |          |                |   |                     |      |
| Mobile No   |                |          |                |   |                     |      |
| Personal E-mail   |                |          |                |   |                     |      |
| Permanent Address   |                |          |                |   |                     |      |
| Qualifications<br>(should Possess one of the Following qualifications)  |                |          |                | If available, Please tick the appropriate box below |                     |      |
|   |                |          |                | YES   | NO                  |      |
| Master's degree in Information Security   |                |          |                | YES   | NO                  |      |
| Master's degree in Computer Science/Information Technology specializing in Information Security   |                |          |                | YES   | NO                  |      |
| (ISC) <sup>2</sup> Certified Information Systems Security Professional (CISSP)  |                |          |                | YES   | NO                  |      |
| GIAC Information Security Professional (GISP)   |                |          |                | YES   | NO                  |      |
| ISACA Certified Information Systems Auditor (CISA)  |                |          |                | YES   | NO                  |      |
| A qualification related to Network management , i.e: CCNA   |                |          |                | YES   | NO                  |      |
| Work Experience   |                |          |                | If available, Please tick the appropriate box below |                     |      |
|   |                |          |                | YES   | NO                  |      |
| Possess a minimum of five (05) years of experience in IT security/Network Security/Network Security Auditing or in Auditing various kinds of operating systems and databases preferably in the Banking Services Industry. |                |          |                | YES   | NO                  |      |
| Current Employment Details  |                |          |                |   |                     |      |
| Name of the organisation  | Designation    | Duration | Nature of Duty |   |                     |      |
|   |                |          |                |   |                     |      |
| Non-Related Reference Details   |                |          |                |   |                     |      |
| Name  |                |          |                |   |                     |      |
| Designation   |                |          |                |   |                     |      |
| Organization  |                |          |                |   |                     |      |
| Mobile  |                |          |                |   |                     |      |
| E-mail  |                |          |                |   |                     |      |
| Declaration   |                |          |                |   |                     |      |
| I hereby confirm that the above-provided information is true, accurate, and complete to the best of my knowledge and belief.  |                |          |                |   |                     |      |
| Signature   |                |          | Date           | DD  | MM                  | YYYY |