

MINISTRY OF PUBLIC ADMINISTRATION, PROVINCIAL COUNCILS  
AND LOCAL GOVERNMENT  
SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION



Applied for .....



➤ Personal Details

01. Full Name : .....

02. Date of Birth : ..... 03. ID No. : .....  
DD MM YYY

04. Permanent Address: .....

05. Official Address : .....

06. Date of appointment to the all island services: .....  
DD MM YYY

07. Current Designation: .....

08. E- mail address: ..... 09. Contact No: Mobile .....  
Residence .....

➤ Educational Qualifications

Degree

Graduated Year

Name of the University

01.....

02.....

03.....

04.....

➤ **Professional Qualification**

01.....

02.....

03.....

04.....

➤ **Other Qualifications relevant to the post**

01.....

02.....

I hereby declare that the above furnished information is correct to the best of my knowledge and bear the responsibility for the correctness. If any of above found false at any stage even after appointment to the post I agree with any type of disciplinary action against me by the authority.

Date ..... Applicant .....

**Candidates who applied on secondment basis should forward their application through their Heads of Department/ Institution as mentioned below.**

**Certification of Head of Department / Institution**

I recommended and forward the application of Mr. / Mrs. / Miss. .... holding the post of ..... in this department/ Institution. I certify that He/ She has been confirmed in this post and his / her work and conduct are satisfactory and that he/ she has not been subjected to any disciplinary action or there is no intention to make such inquiry.

He/ she can be released on secondment basis from the service if selected for this position within three (03) months.

Date : .....

Signature of Head of Department/ Institution  
(Official Stamp)