

a. PROFESSION		b. FOR OFFICIAL USE	ඇමුණුම 'ආ' වශයෙනි. 2" x 2.5" size Colour photograph
APPLICATION FOR OTHER PROFESSIONAL OFFICER OF REGULAR FORCE OF THE SRI LANKA ARMY			

PERSONAL DETAILS

c. Name with Initials																						
d. Name you prefer to be called																						
e. Full Name																						
f. Contact Nos	Mobile											Email Address										
	Home																					
g. Date of Birth		/		/		Age as at 08 Nov 2024		Y		M		D										
h. Height		inch	Chest		inch	Weight		Kg	Sex													
i. N.I.C/Driving Licence/Passport No																						
j. Postal Address																						
k. Marital Status		Province		District																		
l. ED & Letter		GN Division & No																				

PROFESSIONAL QUALIFICATIONS

Ser	Name of the Degree	Grading	University/Institute	Duration	
				From	To
1					
2					
3					
4					
5					

PROFESSIONAL (WORKING) EXPERIENCE

Ser	Name of the Institute	Position	Duration		Reason For Resignation
			From	To	
1					
2					
3					
4					
5					
6					

Total Working Experience y m d

Details of your memberships of professional associations, if any.

Ser	Institution	Profession	Date of Registration	Registration No
1				
2				
3				

BASIC EDUCATIONAL QUALIFICATIONS

p. GCE (O/L) or Equivalent Exam			
Name of the School(s)			

Ser	Subjects	Attempt	First	Second	Third
		Year	20.....	20.....	20.....
		Index No			
1	English				
2	Mathematics				
3	Sinhala/Tamil				
4	Science				
5					
6					
7					
8					
9					
10					
11					

q. **GCE (A/L) or Equivalent Exam**

Name of the School(s)	
-----------------------	--

Ser	Subjects	Attempt	First	Second	Third
		Year	20.....	20.....	20.....
		Index No			
1					
2					
3					
4					
5	General English				
6	Common General Test				
7	Z - score				
8	University Entrance (Yes/No)				

OTHER QUALIFICATIONS

r. **Other Academic Qualifications**

Ser	Description	Institute	Duration		Grading
			From	To	
1					
2					
3					
4					
5					

s. **Sports Activities**

Ser	Description	Achievement			
		School	Regional	National	International
1					
2					
3					
4					

t. **Leadership Activities**

Ser	Description	Achievement			
		School	Regional	National	International
1					
2					
3					
4					

u. **Extracurricular Activities**

Ser	Description	Achievement			
		School	Regional	National	International
1					
2					
3					
4					

OTHER IMPORTANT DETAILS

v. **Records of previous service in Armed Services (if any)**

Armed Service																
<table border="1"> <tr> <td>Svs No</td> <td></td> <td>Rank</td> <td></td> <td>Duration</td> <td></td> <td>to</td> <td></td> </tr> <tr> <td colspan="2">Reason for Discharge/Resign</td> <td colspan="6"></td> </tr> </table>	Svs No		Rank		Duration		to		Reason for Discharge/Resign							
Svs No		Rank		Duration		to										
Reason for Discharge/Resign																

w. **Details of Occupation (If any)**

Svc No	Position
Employer	
Contact Person & Number	

I declare that if the applicant named above is selected, he/she can be released from the current employment.

Name of Authorised Person		Signature & Stamp

x. **Dual Citizenship (If any)**

Country		From		To	
---------	--	------	--	----	--

y. **Have you ever applied for any position in the Tri-Services/ Police or any other Armed Service? (if any)**

Ser	Armed service	Date	Position	Present Status	Reason for Disqualification

z. **Family Details:**

Ser	Relationship	Name with Initials	Occupation	Employer
1	Father			
2	Mother			
3				
4				
5				
6				

aa. **Name and contact Number of NOK**

--	--

ab. **Details of Blood relatives who serve (d) the Sri Lanka Army**

Ser	Svs No	Rank	Name	Relationship	Regiment	Present Status
1						
2						

3							
---	--	--	--	--	--	--	--

ac. Have you or any of your close relatives ever been convicted or found guilty or have any pending court cases against at any Court of Law? (If any, provide full particulars of each case)

ad. **Details of two non-relatives who know your character and qualifications very well**

Name (1)							
Postal Address							
	Contact No						
N.I.C/Driving License No				Occupation			
Place of Work							
Name (2)							
Postal Address							
	Contact No						
N.I.C/Driving License No				Occupation			
Place of Work							

ad. I declare on my honour that the answers I have provided to the questions are correct to the best of my knowledge and belief.

ae. Date

		/			2	0	2	4
--	--	---	--	--	---	---	---	---

Signature

af. **Document Attached**

Ser	Type of Document	Attached	Not Attached
1	N. I C/Driving License/Passport (Copy)		
2	Birth Certificate (Copy)		
3	GCE (O/L) Certificates (Copy)		
4	GCE (A/L) Certificates (Copy)		
5	Degree Certificate with Transcript (Copy)		
6	Certificates of Working Experience (Copy)		
7	Other Education Qualification Certificates (Copy)		

ag. **In case of insufficient space, use this space or separate sheet and provide additional details.**