

Application Form

For office use only

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Application for the Post of

01. PERSONAL INFORMATION

Status	Dr.	Mr.	Mrs.	Miss.
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Name in Full (in English block letters)																				

Name with Initials (in English block letters)																				

Permanent Address (in English block letters)																				

Province		District	
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Divisional Secretariat	
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Grama Niladhari Division	
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E-mail Address	
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Telephone											Ethnic Group	
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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)

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

PLUSINFO.LK

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

For office use only

Name of the Ministry / Department / Institution

Name of the Post (Name of the Vacancy)

Application for the Post

01. PERSONAL INFORMATION

Status	Dr.	Mr.	Mrs.	Miss.
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ENVELOP COVER

Name of the Post
(Name of the Vacancy)

Sender Name and Address
(Your Name and Address)

Receiver Name and Address

E-MAIL

New Message

To Receiver E-mail Address Cc Bcc

Subject Name of the Post (Name of the Vacancy)

Sans Serif

Send