# Application for Post of Information Technology Assistant (External)
## TELECOMMUNICATION REGULATORY COMMISSION OF SRI LANKA

1.Name with initial (In English) :Mr./ Mrs./Ms.……………………………………………

2.Full Name (In English) : …………………………………………………………………

3. Full Name (In Sinhala/Tamil) :…………………………………………………………..

4. Address: …………………………………………………………………

5.  Date of Birth:…………………..   Age as at 05.03.2025 ………………………….

6. Telephone no.: ………………………

7. E- mail Address ……………………………………..

8. NIC No: ……………………………………..

9. Gender: …………………………………………

10.Educational Qualifications: …………………………………………………………………

11.Professional Qualifications: ………………………………………………………………

12.Experience: …………………………………………………………………

13. If you are in Government service:

    Organization: …………………………………………………….

    Designation: …………………………………………………..

14.Certificates attached 1 …………………………………………………………………

                 2.……………………………………………………………………

                 3.……………………………………………………………………

                 4.……………………………………………………………………

**15. Declaration of the Applicant:**

(a) 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 stated that all sections of this application completed are true and correct to the best of my knowledge.

……………………………….                                    ……………………………..
Date:                                                                          Signature of Applicant


**16. Attestation of the Head of the Department/ Institution: (for candidates from government institutions)**

I hereby certify that 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 of this institution.


………………………                                    …….…………..

                                                                          Signature of the head of the
Date                                                                     Department/ Institution


Name: ......................................................................................................................................

Designation: - ........................................................................................................................

Ministry / Department/Institution: -………………………………………………………………

Official Seal :