Application Form

For office use only

Re	cruitment to the Post of	••••		• • • • • • • • • • • • • • • • • • • •	•••••	•••••
	at the Anuradha	pura Mu	nicipa	l Counci	il on Contract Basis	
01. N	Name in Full:					
•						
02. P	Personal Address:					
•						
03. N	National Identity Card No.:					
04. E	Date of Birth:					
05. A	Age as at 16.09.2025:					
06. T	Selephone No.: Mobile:			S	tandard:	
	1					
07. E	Educational Qualifications:					
				k No		
I.	G.C.E (Ordinary Level) Examination		Year			
#	Subject	Grade	#		Subject	Grade
01.			06.			
02.			07.			
03.			08.			
04.			09.			
05.			10.			
				k No		
II.	G.C.E (Advanced Level) Examination		Year			
			Strea	m		
			Z-Sc	ore		
щ	Subject	Cuada	ш		Cubiast	Cuada
#	Subject	Grade	#		Subject	Grade

03.

04.

01.

02.

08. Vocational Qualifications:

Institution	Period	Field of Study / Training	Qualification	Year

09. Experience:

Organization	Period	Position held	Nature of Work

10. Certification of the Applicant

I hereby certify that the information I have given above by me is true and correct to the best of my knowledge and belief. I am aware that my entitlement to be appointed to the above post that I have applied for gets disqualified if any of the above information I have given above is found to be false.

Date:	
Date	
	Signature of Applicant