

Application for the Post of MANAGEMENT ASSISTANT (NON-TECHNOLOGICAL)

*	Surname	:	
*	Initial	:	
*	Other Names Denoted	:	
	by initials		
*	Gender	:	
*	Civil Status	:	
*	NIC	:	
*	Date of Birth	:	
*	Nationality	:	
*	Present Address	:	
*	District	:	
*	Contact Nos.	:	Mobile –
			Home –
			Office –
*	Email	:	

* Mandatory

1. * Title

G. C. E Ordinary Level	
Year	
School	
District	
Results (One sitting)	
Subject	Grade
1. Sinhala / Tamil	
2. English	
3. Mathematics	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
* G.C.E Advanced Level	
Year	
School	
District	
Results (One sitting)	
Subject	Grade
Subject	Grauc

Work Experience:		,	
Institute	Period of Service	Designation	Reason for Leaving
* Details of two non-related r Name		lress	Tel.No
claration of the Applicant			
knowledge. I agree to bear the lo	ss that may occur due to i	ncomplete and/or incorr	ect completion of any part
all not subsequently change any in	formation stated above.		
Date		Applicant's Signature	
	Institute The Achievements list out professional memberships. * Details of two non-related relation of the Applicant Name I respectfully declare that the party knowledge. I agree to bear the lotthis application. Further, I state they knowledge.	Institute Period of Service The Achievements list out professional memberships, committees, etc.) * Details of two non-related referees: Name Add Plaration of the Applicant I respectfully declare that the particulars furnished by me in a knowledge. I agree to bear the loss that may occur due to it this application. Further, I state that all sections of this applications of this application.	Institute Period of Service Designation Per Achievements list out professional memberships, committees, etc.) * Details of two non-related referees: Name Address Plaration of the Applicant I respectfully declare that the particulars furnished by me in this application are true of knowledge. I agree to bear the loss that may occur due to incomplete and/or incorn this application. Further, I state that all sections of this application completed are true of knowledge.

testation of the Head of the Institution:	, who is working in thi
Institution, holds the post of	His/her work and conduct are satisfactory. No decision has been taken to impose any such in the future. I
Date	Signature of Head of the Institution
Name:	
Designation: -	
Institution:	