Application for the
POST OF DIRECTOR

*** Mandatory**

1. *** Title :**

   *** Surname :**

   *** Initial :**

   *** Other Names Denoted by initials :**

   *** Gender :**

   *** Civil Status :**

   *** NIC :**

   *** Date of Birth :**

   *** Nationality :**

   *** Present Address :**

   *** District :**

   *** Contact Nos. : Mobile –**

   Home –

   Office –

   *** Email :**

2. *Educational Qualifications

- **G.C.E. Advanced Level**
  - Year:
  - School:
  - District:
  - Results

- **University Attended- 1st Degree**
  - Effective Date:
  - University:
  - Stream:
  - Specialization:
  - Grade/Class:

- **University Attended- Post Graduate Degree**
  - Effective Date:
  - University:
  - Stream:
  - Specialization:
  - Grade/Class:

3. *Professional Qualifications

Institution/ University/Other	Description/Qualification

4. *Work Experience

Institute	Period of Service	Designation	Reasons for Leaving
1.			
2.			
3.			
4.			
5.			
6.			

5. Other Achievements

(Please list out professional memberships, committees, etc.)

6. *Details of two non-related referees:

Name	Address	Tel.No

7. 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 that 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.

(b) I shall not subsequently change any information stated above.

…… ……

Date Applicant's Signature

8. (For candidates currently employed in Government/Statutory Boards/Corporations only)

Attestation of the Head of the Institution:

I hereby certify that Mr./Mrs./Miss/Dr/Prof ……, who is working in this Institution, holds the post of ……. His/her work and conduct are satisfactory. No disciplinary action is pending against him/her, and no decision has been taken to impose any such in the future. If he/she is selected for this post, he/she can/cannot be released from the service.

Date …… ……
Signature of Head of the Institution

Name: .....

Designation: - .....

Institution: - .....