

Application for the Post of Assistant Board Secretary				
<b>Personal Information</b>				For Office use only
Full Name				
Name with Initials				
Date of Birth	DD	MM	YYYY	Photo
Age as at 27.04.2026				
Gender				
NIC No				
Mobile No (1)				
Mobile No (2)				
Personal E-mail				
Permanent Address				
<b>Educational Qualification</b>				
<b>Qualification</b>	<b>Name of the Qualification</b>	<b>Institute/University</b>	<b>Effective Date</b>	
Professional	Attorney-at -Law			
Degree	L.L.B.			
<b>Work Experience</b>		Please tick against the relevant response		
		Yes	No	
Minimum 02 years experience in a Board Capacity		Yes	No	
<b>Experience in detail</b>				
Name of the Organisation	Designation	Duration		
		From	To	
<b>Non-Related Reference Details</b>				
Name				
Designation				
Organization				
Mobile				
E-mail				
<b>Declaration</b>				
I hereby confirm that the above-provided information is true, accurate, and complete to the best of my knowledge and belief.				
Signature		Date	MM	YYYY