

Application for the Post of Project Manager						
Personal Information					For Office use only	
Full Name						
Name with Initial						
Date of Birth	DD	MM	YYYY	Photo		
Age (as at the closing date of application, 27.04.2026)	Years & Months					
Gender						
NIC No						
Nationality						
Mobile No						
Personal E-mail						
Permanent Address						
Education Qualification						
Degree (offered by a University /Institution recognized by the university Grants Commission of Sri Lanka)				If available, Please tick the appropriate box below		
				YES	NO	
Possess a Bachelor's degree in IT or related field	(Please specify the field)			YES	NO	
Professional Qualification				If available, Please tick the appropriate box below		
				YES	NO	
Possess an internationally recognized Project Management Certification	(Please specify field)			YES	NO	
Work Experience				If available, Please tick the appropriate box below		
				YES	NO	
Possess 3-5 years of experience in project management				YES	NO	
Current Employment Details						
Name of the organisation	Designation	Duration	Nature of Duty			
Non-Related Reference Details						
Name						
Designation						
Organization						
Mobile						
E-mail						
Declaration						
I hereby confirm that the above-provided information is true, accurate, and complete to the best of my knowledge and belief.						
Signature			Date	DD	MM	YYYY