

අයදුම් පතුය ඉංගුීසි මාධෳයෙන් පමණක් සම්පූර්ණ කලයුතුවේ விண்ணப்பப் படிவம் ஆங்கிலத்தில் பூர்த்தி செய்யப்பட வேண்டும் The application form should be completed in English

| A. Personal Details | | | |
|-------------------------------------|---------------------------|---|------------------|
| 01. Name in full | (Mr./Mrs./Miss): | | |
| | | | |
| 02. Date of birth | : DD MM | | |
| 03. National Ider | ntity Card No: | | |
| B. Contact Details | | | |
| 04 D 4 1 | 1 | | |
| 04. Permanent ad | dress: | | |
| 04. Permanent ad | dress: | | |
| | ce address (If difference | - | anent address) : |
| 05. Corresponden 06. Official addre | ss: | | |
| 05. Corresponden 06. Official addre | ss: | | |
| 05. Corresponden 06. Official addre | ss: | | |

C. Employment Details

| 09. Present employment | |
|-----------------------------------------|-------------------------------------|
| 9.1 Designation | |
| 9.2 Institution | |
| 9.3 Ministry (Only if applicable) | |
| | |
| 10. Service details | |
| 10.1 Service | |
| 10.2 Date of appointment to the above s | service |
| 10.3 The Grade you presently hold, and | the date of promotion to that grade |
| | |
| | |

D. Qualifications and experiences

11. Qualifications

| Qualification | Results/Grade/Class | Qualified Year | Name of the Institute |
|-----------------------------|-------------------------|-------------------|----------------------------|
| 11. 1 Academic Qualificati | on | I | |
| Master's Degree | | | |
| Bachelor's Degree | | | |
| Other (Please Mention) | | | |
| 11.2 Educational Qualifica | tion (Submission is not | mandatory | for Executive Grade Posts) |
| G.C.E. Advanced Level | | | |
| G.C.E. Ordinary Level | | | |
| Other (Please Mention) | | | |
| 11.3 Professional Qualifica | ntion | | <u> </u> |
| | | | |
| | | | |

| 12. Relevant experience for the position applied for |
|--------------------------------------------------------------------------------------------------------------------------|
| 01 |
| 02 |
| |
| |
| E. Certification of the Applicant |
| I hereby declare that the above-furnished information is correct to the best of my |
| knowledge and bear responsibility for its accuracy. If any of the above information |
| is found false at any time, even after appointment to the post, I agree with any type |
| of disciplinary action taken against me by the commission. |
| |
| Dotai |
| Date: |
| Applicant's Signature |
| |
| |
| F. Certification of the Head of the Department /Institution |
| F. Certification of the Head of the Department /Institution I hereby forward the application submitted by Mr./Mrs./Miss |
| |
| I hereby forward the application submitted by Mr./Mrs./Miss and |
| I hereby forward the application submitted by Mr./Mrs./Miss and |
| I hereby forward the application submitted by Mr./Mrs./Miss and |
| I hereby forward the application submitted by Mr./Mrs./Miss |
| I hereby forward the application submitted by Mr./Mrs./Miss |

Ministry/Department/ Institute: - (Place the rubber stamp)