Your Photograph

Application for the Post of

Assistant Director /Deputy Director (Accreditation)

| Ma | nd | latory | | |
|------|----|------------------------|---|----------|
| 1. ' | ŧ | Title | : | |
| 2 | k | Surname | : | |
| 2 | ŧ | Initial | : | |
| ż | k | Other Names Denoted | : | |
| | | by initials | | |
| | * | Gender | : | |
| | * | Civil Status | : | |
| | * | NIC | : | |
| | * | Date of Birth | : | |
| | * | Nationality | : | |
| | * | Present Address | : | |
| | * | District | : | |
| | * | Contact Nos. | : | Mobile – |
| | | | | Home – |
| | | | | Office – |
| | * | Email | : | |
| | | | | |

| | * G.C.E Advance Level | | |
|------|--|-------------|--|
| | Year | | |
| | School | | |
| | District | | |
| | Results (1st Attempt) | | |
| Sı | ubject | Grade | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| | *University Attended Year of Pass Out University Stream Specialization On Grade/Class Other Qualifications: | | |
| Inst | titution | Description | |
| | | | |

| | Institute | Period of Service | Designation | Reasons for Leaving |
|----|-------------------------------|-----------------------------|-------------------------|--|
| • | | | | |
| 2. | | | | |
| 3. | | | | |
|)t | her extra Activities: | | | |
| | * Two Non-related Refer | | Address | Tel.No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ١. | claration of the Applicant: | | | |
| I | respectfully declare that the | particulars furnished by me | | e true and correct to the best |
| | | | | d /or incorrect completion of completed are true and corre |
| | o the best of my knowledge. | | ons of this application | completed are true and corre |
| | I shall not subsequently char | | above. | |
| | | | | |
| | | | | |

| (This part is applicable only for candidates who engage in head of the Department/ Institution: | in government employment) Attestation of the | | | | | |
|---|--|--|--|--|--|--|
| I hereby certify that Mr./Mrs./Miss | | | | | | |
| who is working in this ministry/department/institution, is working in the | | | | | | |
| ost of and his/her work and conduct are satisfactory, no disciplinary action | | | | | | |
| ending against him/her and no decision has been taken to impose any such in the future. If he/she will be | | | | | | |
| elected for this post, he/she can/cannot be released from the service. | | | | | | |
| Date | Signature of the Head of the Department or Authorized Officer. | | | | | |
| Name: | | | | | | |
| Designation:- | | | | | | |
| Ministry / Board: | | | | | | |
| | | | | | | |

8.