(For office use only) | |

Human Rights Commission of Sri Lanka

Application for the Post of .....

1.0 Personal Information:

1.1 Name with Initials at the end (In English block capitals) :- .....

.....

(Ex : GUNAWARDHANA H.M.S.K)

1.2 Name in full (In English block capitals) :- .....

.....

..... (Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.3 Name in full (In Sinhala/Tamil) :- .....

.....

1.4 Permanent Address (In Sinhala/Tamil) :- .....

.....

1.5 Permanent Address (In English block capitals) :- .....

.....

1.6 Email Address:- .....

.....

1.7 Gender:- .....

1.8 Marital Status:- .....

1.9 Nationality:- .....

1.10 National Identity Card No: | | | | | | | | | | | | |

1.11 Date of Birth: - Date | | | Month | | | Year | | | | |

1.12 Telephone No : | | | | | | | | | | |

1.13 District:- .....

2.0 Educational Qualifications:-

2.1 G. C. E. (O/L) Examination: Year: - ..... Index No :- .....

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

G. C. E. (A/L) Examination: Year: - ..... Index No :- .....

	Subject	Grade		Subject	Grade
1.			3.		
2.			4.		

2.2 (i) Date of Graduation: - .....

(ii) University / Institution: - .....

(iii) Registration Number: - .....

(iv) Internal / External: - .....

(v) Degree: - .....

(vi) Subjects: - .....

.....

.....

(vii) Class: - .....

Upper / Lower: - .....

(viii) Effective Date: - .....

(ix) Language Medium of Examination: - .....

3.0 Professional Qualifications: -

.....

.....

.....

.....

4.0 Other Qualifications and other achievements: -

.....

.....

.....

.....

5.0 Comfortable Official Language for the selection tests

Sinhala	
Tamil	

6.0 The regional office where you wish to work (Rank Your Preferences)

1	
2	
3	

*Applicable only for **Legal Officer, Human Rights Officer and Driver**)

7.0 Non-Related Referees

Name	Position	Address & Telephone No.
1.		
2.		

8.0 **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 which 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

9.0 **Attestation:**

I do hereby certify that Mr./Mrs./Miss ……...……

….....is personally known to me and placed his/her signature in my presence on ……

Date …… ……..…….…..

Signature of Certifying

Officer Name:

……

Designation: ……

Address: ……

10.0 **(This part is applicable only for candidates who engage in government/semi-government employment) Attestation of the head of the Department/ Institution**:

I hereby certify that Mr./Mrs./Miss…… ……who is working in this ministry/department/institution, is working in the post of …… and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. If he/she will be selected 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 / Department: - ……