| Post applying for | Annexure 1 For office use |  |  |  |  |
|-------------------|---------------------------|--|--|--|--|
|                   |                           |  |  |  |  |
| APPLI             | CATION FORM               |  |  |  |  |

(For PS Category posts)

## Application for the post of...... for Projects, Ministry Of Highways 1) Post applying for: ..... (If applying for more than one post, separate application should be submitted for each post) 2) Name with Initials (In Sinhala) මයා/මිය/මෙනවිය (In English / Block capital letters ) Mr./ Mrs. / Miss: 3) Names denoted by the initials (In Sinhala) ..... (In English / Block capital letters) ..... 4) Nationality: ..... 5) Gender: Female / Male: ..... 6) National identity card No: 7) Date of birth: 8) Age: (As at application closing date)

| 9) Residence details: |  |          |  | (      | Office details:    |                    |                         |       |             |                         |  |
|-----------------------|--|----------|--|--------|--------------------|--------------------|-------------------------|-------|-------------|-------------------------|--|
| Add                   | Address  |          |  |        |                    | Address            |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
| Tele                  | phone No   |          |  |        |                    | Telephone No       |                         |       |             |                         |  |
| Mob                   | oile No  |          |  |        |                    | Fax No<br>E - Mail |                         |       |             |                         |  |
| E - N                 | Mail   |          |  |        |                    |                    |                         |       |             |                         |  |
| 10) Edu               | cational Quali   | fication | ns:                                      |        |                    |                    |                         |       |             |                         |  |
| No                    | No Course Name   |          | Degree/ P.G.Degree<br>P.G Diploma/ Diplo |        |                    | -                  | bject/<br>elevant filed |       | lidity Date | University/<br>Training |  |
| 01                    |  |          |  |        |                    |                    |                         |       |             | institute               |  |
| 02                    |  |          |  |        |                    |                    |                         |       |             |                         |  |
| 03                    |  |          |  |        |                    |                    |                         |       |             |                         |  |
| 11) Prof              | Professional qualifications:     No Professional qualification Value |          |  |        | lidity Date Instit |                    |                         | titut | tion        | NVQ level               |  |
| 01                    |  |          |  |        |                    |                    |                         |       |             |                         |  |
| 02                    |  |          |  |        |                    |                    |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
| 12) Rele              | vant Trainings   | :        |  |        |                    |                    |                         |       |             |                         |  |
| Tra                   | Training Name  |          | Institute                                |        | Period             |                    | Period Relevant I       |       | Relevant F  | ield                    |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
| 13) Expe              | eriences in Roa  | d Deve   | elopment Aı                              | uthori | ty:                |                    |                         | •     |             |                         |  |
|                       | Position   |          | Period (From –                           |        | – to)              |                    | No of Years             |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |
|                       |  |          |  |        |                    |                    |                         |       |             |                         |  |

## 14) Details of previous releasement from the substantive post – if any

| Name of the | Position | Time     | No of years | Releasement basis |            |        |  |
|-------------|----------|----------|-------------|-------------------|------------|--------|--|
| Project /   | held     | duration |             |                   |            |        |  |
| Institution |          | from-to  |             |                   |            |        |  |
|             |          |          |             | Full time         | Full time  | Acting |  |
|             |          |          |             | (with full -      | (with No - |        |  |
|             |          |          |             | Pay)              | Pay)       |        |  |
|             |          |          |             |                   |            |        |  |
|             |          |          |             |                   |            |        |  |

| 15) Certif                          | icate / Letters regarding experience (A   | Attach photocopy)   |  |  |  |  |  |  |  |
|-------------------------------------|---|---|--|--|--|--|--|--|--|
| I.                                  |   |   |  |  |  |  |  |  |  |
| II.                                 |   |   |  |  |  |  |  |  |  |
| III.                                |   |   |  |  |  |  |  |  |  |
| 16) Certi                           | 16) Certification of the Applicant  |   |  |  |  |  |  |  |  |
| details about the informeligible to | out for this application. There are no judio<br>action provided by me in this application i | g for application and fully understood all the cial proceedings against me and I certify that it true and correct. I am aware that, I am not ed is found to be incorrect and I have bound in 1/2019 Management Services Circular. |  |  |  |  |  |  |  |
| Date:                               |   |   |  |  |  |  |  |  |  |

## 17) Recommendation of the Head of the Institution (Must be filled by the Head of Road Development Authority)

|      | Mr./Mrs./Miss personal file, who i   |   |  |  |  | •   |   | -   |
|------|--|---|--|--|--|---|---|---|
|      | PF Number  |   |  |  |  |   |   |   |
|      | Permanent Designation  |   |  |  |  |   |   |   |
|      | First Appointm   | ent Date  |  |  |  |   |   |   |
|      | Confirmation D   | ate   |  |  |  |   |   |   |
| 02   | Applicant isand no disciplinary disciplinary action.   | action has  |  |  |  | ubstantive po   |   | olicant)                                  |
| 00   | Name of the Position Tim Project / Held dura   |   |  | e<br>ation<br>n-to   | No of years  | asement bas   | ement basis   |   |
|      | Andrews of the second  |   | 1101   |  |  | Full time<br>(with full -<br>Pay)                         | Full time<br>(with No -<br>Pay)                     | Acting                                    |
|      |  |   |  |  |  |   |   |   |
| 04   | Also His/ her prevaled table are confirmed.  After considering at No: 1/2019, He/ at 2.3.3 (a) – Fulltime no pay leave basis, releasement period to this post. | d with their<br>above detail<br>She could be<br>releaseme<br>/2.3.3 (c) - | persons and service relationships are serviced relationships and service relationships are serviced relationships and service relationships are serviced relationships and service relationships and service relationships are serviced relationships and service relationships and se | provision provis | ons stipulated<br>nd agreed to b<br>ay basis/2.3.3<br>ement basis fo | in Manageme<br>e released aco<br>. (b) – Fulltim<br>r the | nt Services (<br>cording to th<br>e releaseme<br>(I | Circular<br>ne Para<br>nt with<br>Further |
| Date | <b>2:</b>  |   |  |  | <br>Signature  | and seal of H   | ead of the RI                                       | <br>DA                                    |

**01.** I hereby certify that the below mentioned details are true and correct as per the details in