(For office use only)	

## **Application for the Post of Management Assistant**

L.O 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 Gender:-					
1.7 Marital Status:					
1.8 National Identity Card No:-					
1.9 Date of Birth: - Date Month Year					
1.10 Telephone No :					
1.11 District :					
1.12 Electorate Division:					
1.13 Grama Niladari Division :					
1.14 Email Address:					
1.15 Name and address of last school attended:					

.1 G. C.	G. C. E. (O/L) Examination: Year:			Index No	o :	
	Subject	Grade			Subject	Grad
1.			6.			
2.			7.			
3.			8.			
4.			9.			
5.			10.			
2 G. C. E	i. (A/L) Examination: Yea	r:		Index No	:	
Subject				Grade		
)ther Q	ualifications:					
Non-Re	lated Referees					
Name / Telephone No		0	Position		Address	
1.						
2.						

2.0 Educational Qualifications:-

(a) I respectfully declare that the particulars furnis	shed by me in this application are true and correct to
the best of my knowledge. I agree to bear the los	ss which may occur due to incomplete and /or incorrec
completion of any part of this application. I	Further, I state that, all sections of this application
completed are true and correct to the best of n	ny knowledge.
(b) I shall not subsequently change any informatio	n stated above.
 Date	Applicant's Signature
7.0 Attestation:	
I do hereby certify that Mr./Mrs./Miss	
	ature in my presence on
Date	
	Signature of Certifying Officer
(Eithe Institution)	r a JP or an Executive Officer of a Government
Name:	
Designation:	
Address:	
8.0 (This part is applicable only for candidates who en head of the Department/ Institution:	gage in government employment) Attestation of the
ministry/department/institution, is working in the conduct are satisfactory, no disciplinary action per	post of
Date	
	Signature of the Head of the
	Department or Authorized Officer.
Name:	
Designation:	
Ministry / Department:	

6.0 **Declaration of the Applicant**: