MODEL APPLICATION FORM

MINISTRY OF URBAN DEVELOPMENT AND HOUSING
INTERVIEW FOR EVALUATION OF SUITABILITY FOR THE RECRUITMENT TO THE
DEPARTMENTAL POST OF ADDITIONAL DIRECTOR GENERAL (DEVELOPMENT) OF THE SENIOR
EXECUTIVE GRADE SERVICE CATEGORY OF THE DEPARTMENT OF COAST CONSERVATION
AND COASTAL RESOURCES MANAGEMENT - 2024

		For office use
01.	Nam	e :
	1.1	Name with initials at the end:
		(In English Block letters, e. g: SILVA A.B.)
	1.2	Names Denoted by initials: (in English Block letters)
	1.3	Full Name (in Sinhala):
02.	2.1	Personal Address :-
	2.2	Official Address:-
	2.3	Address to which the calling letter for the structured interview should be sent :
	2.4	Telephone Number :-
03.		
	3.1	Date of Birth: Year:
		(Copy of the Birth certificate is attached)
	3.2.	Age as of 02.02.2024: Years: Months: Dates:
	3.3.	National Identity Card No. :
4.	4.1	Gender: Female
		Male
		4.2 Whether Married / Unmarried / Widowed : Married Unmarried Widowed
5.		of the first appointment to the post of Departmental Executive Grade category /Sri Lanka Administration ice:-
6.		of Promotion to the Class I of the Departmental Executive Grade Category / Sri Lanka Administrative rice:
7.		of completion of the 05 years of active and satisfactory service period in the Departmental Executive Grade ice Category / Sri Lanka Administrative Service Class I post :-
8.		l Service period that served in a post of a Departmental Executive Grade Service Category / Sri Lanka ninistrative Service to the date of 02.02.2024 :
9.		e you been convicted in a Court of Law?, describe:

Serial No.	Period of no-po	ay leave	Nature of t	he leave (releve hould be attack	ant documents hed)		
i. ii.							
	alifications : (Details o	of Postoraduate	degree)				
-	Educational Qualifications : (Details of Postgraduate degree)						
Name of th	e University	Deg	ree	Class o Degr			
Additional Servi	ice Experience : (attac	h certified copi	es.)				
	Position and place	e of work		Duration			
Additional Education	nal and Professional Q	oualifications : (attach certified	copies.)			
	ining courses/progran			Dura	tion		
Completed tra	uning courses, program	ns/projessionai	quanticunions	Dura			
Contribution to the	subject areas						
Contribution to the	subject areas Contribution provide	ed	Dur	ation			
Contribution to the		ed	Dur	ration			
Contribution to the		ed	Dur	ration			
Contribution to the		ed	Dur	ration			
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	Contribution provide	attached certifie	d copies.)	ation	Duration		
	Contribution provide	attached certifie	d copies.)	ration	Duration		
	Contribution provide	attached certifie	d copies.)	ration	Duration		
	Contribution provide	attached certifie	d copies.)	ration	Duration		
English Language	Contribution provide	attached certifie	d copies.) Courses n this application alse before I am	n form is true a	and correct. I am a		

Date :

who submits this application is personated day of day of	ally known to me, and He / She placed the signature in my presence month.
Signature of the attester:	
Position:	
Address:	
Official Stamp:	
1	
Note: The Application should be cartiful	ed as mentioned in para 6 (iv) of the <i>Gazette</i> notification.
Note: The Application should be certified	ed as mentioned in para o (iv) of the Gazette notification.
Recommendation of the Head of the Dep	partment :-
Mr. / Mrs./ Miss/	
Mr. / Mrs./ Miss/	
Mr. / Mrs./ Miss/in this Ministry / Department / Corporation	
Mr. / Mrs./ Miss/in this Ministry / Department / Corporation	
Mr. / Mrs./ Miss/in this Ministry / Department / Corporation	
Mr. / Mrs./ Miss/in this Ministry / Department / Corporation	
Mr. / Mrs./ Miss/in this Ministry / Department / Corporation	
Mr. / Mrs./ Miss/	
Mr. / Mrs./ Miss/	

Attestation of the Signature of the applicant (Delete irrelevant words):