Application for the post of ------ of the Disaster Management Centre

		(For Official Use only
1.1	Name of the Applicant with Initials:	
1.1	(In English Block Capitals)	
1.2	Name in full:	
	(In English Block Capitals)	
1.3	Name in full	
•••••	(In Sinhalese/Tamil)	
Natio	onal Identity Card No	
3.1	Permanent Address:	
•••••	(In English Block Capitals)	
3.2	Permanent Address:	
	(In Sinhalese/Tamil)	
Distr		
Telep	phone No. :ail Address (If available) :-	
Telep E-ma	phone No.:ail Address (If available):ther you are a Sri Lankan by birth or by registration,:	
Telep E-ma	ail Address (If available) :	

Age as at Closing Date	years	Months	Dates	
Educational Qualifications	:			
Experience :				
Details of Previous / Preser Organization Post	t Employment Period of Service	Reason for	Leaving	
Have you ever been convictive (Place a tick $()$ in the relevant				
Yes No				
Yes No Affirmation by the Applica	nt :			
Affirmation by the Applica	nformation furnished by			errect to

Cei	tification	by the	Head of Departn	nent (in the case of those engaged in Public Service)
				is employed in with effect from as (post held) in a permanent/ temporary /casual (Please delete
the inte	unnecessa	ary wor she can	rds) position, and / cannot be relea	that if selected for appointment as per the results of this ased from his /her present position, and that the information
				Signature and Official Frank of Head of Department
Dat	e			
Nar	ne of the a	ittesting	officer	
Des	ignation			
Ado	dress			