

PARLIAMENT OF SRI LANKA

Specimen Application Form Post of Director (Communication)

01.	(a)	Name with initials (in English):					
	(b)	Names denoted by initials (in English):					
	(c)	Full Name (in block Capitals): (Mr./Mrs./Miss)					
02.		National Identity Card Number	•••				
03.	(a)	Private Address:					
		Telephone No:	•••				
	(b)	Official Address:					
		Telephone No	••				
	(c)	Please indicate the address to which the calling letter for the interview should be posted :					
04.	(a)	Private					
	(b)						
05.	Civi	ril Status: (Married/Unmarried)					
06.	Gen	ender: (Male/Female)					
07.	State	State whether a citizen of Sri Lanka: (Yes/No)					
08.	Educational and Higher Educational Qualifications: (Copies of the certificate should be attached)						
09.	Professional Qualifications (Copies of the certificates should be attached)						
07.		((

10.	Other Qualifications (Copies of the certificates should be attached):					
11.	Experience: (Copies of the certificates should be attached)					
	Institution	Post	Service period			
12.	Details of Present Employment:					
	(a) Name and Address of the Institution:					
	(b) Date of First Appointment: (c) Present Post:					
	(d) Monthly basic salary:					
	· /					
13.	(f) Gross Salary:					
13.	Have you been convicted for a criminal offence by a Court of Law? (Yes/No) If yes, give details:					
14.	Have you served under the Government before? (Yes/No) If yes, give details:					
correc	ct. I am also aware that, I am	n liable to be disqualified for e false or incorrect before s	this application are true and or this post if any particulars selection, or to be dismissed pointment.			
Date:			Signature of the Applicant			
	<u> </u>	of Head of Department/I				
(Only for applicants serving in the Public Service/Provincial Public Service/Public Cooperation/Statutory Boards)						
Secre	tary - General of Parliament,					
the p been he/sh such	ost of confirmed in this post and ne has not been subjected to	in this Institution his/her work and conduction any disciplinary action or the tased/cannot be released from the seleased from the selecased from the sel	ss			
Date:			Let 1 (December of Health diese			
		Signature of F	Head of Department/Institution (Official Stamp)			
			(Omean Jamp)			