

Application for Post of Assistant Director/...Field..... (External)

TELECOMMUNICATION REGULATORY COMMISSION OF SRI LANKA

1.Name with initial (In English) :Mr./ Mrs./Ms.....

2.Full Name (In English) :

3. Full Name (In Sinhala/Tamil) :.....

4. Address:

5. Date of Birth:..... Age as at 05.03.2025

6. Telephone no.:

7. E- mail Address

8. NIC No:

9. Gender:

10.Educational Qualifications:

11.Professional Qualifications:

12.Experience:

13. If you are in Government service:

Organization:

Designation:

14.Certificates attached 1

2.....

3.....

4.....

15. Declaration of the Applicant:

(a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and / or incorrect completion of any part of this application. Further I stated that all sections of this application completed are true and correct to the best of my knowledge.

.....
Date:

.....
Signature of Applicant

16. Attestation of the Head of the Department/ Institution: (for candidates from government institutions)

I hereby certify that Mr./Mrs./Misswho is working in this Ministry/Department/Institution, is working in the post of and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service of this institution.

.....
Date

.....
Signature of the head of the
Department/ Institution

Name:

Designation: -

Ministry / Department/Institution: -.....

Official Seal :