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Other Names

Date Of Birth:

Marital Status

City/Town:

Home:

Office:

Contact Details

Permanent Address:

Telephone Numbers

NIC No:

Gender:

2

3

District : _____ Province : _____

Date of Issue:

Divorced

Postal Code:

Mobile No:

Nationality:

Married

Age as at 01/04/2025:

Widow

Year

Month

(Important -. Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

Female

E-Mail:

Single

Male

4	Highest Educa	tion Qualificat	ion :				
5	Academic G C E (O/L	Qualification	ns (Copies of	certificates sh	ould be attac	hed)	
		ubject	Grade	Inc	lex No	Y	'ear
6	G C E (A/L Index No	.)			Year :		
	S	Subject	Grade	S	Subject		Grade
7	University E attached)	ducation (Deg	grees, Diploma	as etc.)(<i>Copie</i> :	s of certificat	es should be	e
	Name of the Degree/	University/ Institution	Per	riod	Field of Degree	Results (indicate	Effective Date
	Diploma		From (dd/mm/yyyy)	To (dd/mm/yyyy)		Class or Grade)	2 3 3 3

Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

8

10

Name of the Degree/ Postgraduate Diploma	University/ Institution	Period		Subject Area/s	Effective Date
		From	То		
		(dd/mm/yyyy)	(dd/mm/yyyy)		

Professional Qualifications (Examination/Memberships of Professional Bodies (Associate/Corporate Membership etc.) (*Copies of certificates should be attached*)

Institution	Name of the Examination/Membership	Membership Category	Effective Date

Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

Name of the Training Programme/Workshops etc.	Institution	Period

Employn	nent Histo	ory			
(a) Prese		Copy of Service co	ertificate or Appoil	ntment Letter sho	ould be
Po	st	Institution	Per	iod	Describe the work done
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	
*If you l provide a detailed	nave serve a copy of service re	e certificates or Appeared or are currently your Service Record. This docume	pointment Letters y serving as a Com rd Book which you entation is require nks during your se	nmissioned Office get in the retire d to verify and cl	er, it is must to ment or a fully arify the exact
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Extra Curricular Activities:

Category	Туре	Achievement	Date/Year

15	Details	of two	non	related	referees:
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	No.	Name & Position	Official Address & Tele. Nos.	Residential Address & Tele. Nos.
F				

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Signature of the applicant:	Date:
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