## **APPLICATION FORM**

# Position Applying: Assistant Director/ Financial Management

1. Personal Details	
1.1 Full Name	:
1.2 Name with Initials	:
1.3 Date of Birth	:
1.5 Residence Address	:
1.6 Postal Address	:
1.7 Mobile No.	:
1.8 Residence Tel. No.	:
1.9 National Identity C	ard No.:
1.10 Email Address	:
2. Educational Qualif	ications:
2.1 Bachelor's Degree	

Degree	University/ Institute	Valid	Copy of the certificate
		Date	to be attached
			Annexure ()
			Annexure ()

## 2.2 Master's Degree

Master's Degree	University/ Institute	Valid	Copy of the certificate
		Date	to be attached
			Annexure ()
			Annexure ()

# 2.3 Diploma/ Higher Diploma

Diploma/	University/		Duratio	Copy of the	
Higher	Institute	From	To	No. of	certificate to be
Diploma				months/	attached
				Years	
					Annexure ()
					Annexure ()
					Annexure ()
					Annexure ()
					Annexure ()

## 2.4 Certificate Courses

Certificate	Institute	Duration			Copy of the
Course		From	To	No. of	certificate to be
				months/	attached
				Years	
					Annexure ()
					Annexure ()
					Annexure ()
					Annexure ()
					Annexure ()

## 3. Professional Qualifications:

Membership obtained	Institute	Valid Date	Copy of the
			certificate to be
			attached
			Annexure ()

# 4. Work Experience:

Years &	Months	Position	Organization	Copy of the
From	To			certificate to be

#### The Sri Lanka Tourism Development Authority

		attached
		Annexure ()

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Area of acquired skills/ Performances/ Extra Curricular Activities	Copy of the proof documents to be
	attached
	Annexure ()

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n.	Details	OIIV	JINOH	Neiaieu	Referees

6.1 N	Jame	:
A	ddress	:
C	Contact No.	:
E	mail	:
6.2 N	Jame	:
A	ddress	:
C	Contact No.	:
E	mail	:

I do hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge and forward the same for your kind consideration.

	The Sri Lanka Tourism Development Authority	
Signature of the applicant		Date