

The Sri Lanka Tourism Development Authority
APPLICATION FORM

For the Post of Management Assistant

1. Personal Details

1.1 Full Name : Mr./ Ms.

1.2 Name with Initials :

1.3 Date of Birth : 1.4 Age as at 17.05.2024: Y..... M D

1.5 Residence Address :

.....

1.6 Postal Address :

.....

1.7 Mobile No. : 1.8 Residence Tel. No. :

1.9 National Identity Card No. :

2. Educational Qualifications

2.1 G C E (O/L) Examination: Index No: Year:

Subjects	Grade	Subjects	Grade	Copy of the certificate to be attached
				Annexure (...)

2.2 G C E (A/L) Examination: Index No: Year:

Subjects	Grade	Subjects	Grade	Copy of the certificate to be attached
				Annexure (...)

2.3 Bachelor's / Masters Degree

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

2.4 Diploma/ Higher Diploma

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

2.5 Certificate Courses

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

3. Professional Qualifications:

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

4. Work Experience:

Years & Months		Position	Organization	Copy of the certificate to be attached
From	To			
				Annexure (...)
				Annexure (...)
				Annexure (...)

5. Other Skills and Performances:

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

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.

.....
Signature of the Applicant

.....
Date

Note:

If the candidate in the service of Government Department/State Corporation/ Statutory Boards should submit their application through the respective Heads of Department.

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Signature & Seal
Head of the Department

.....
Date