

(For office use only)

**Application for the Post of** .....(Name of the Position)  
..... (Project Management Unit or Province)

1.0 Personal Information:

1.1 Name with Initials at the end (In English block capitals) :- .....  
.....

1.2 Name in full (In English block capitals) :- .....  
.....

1.3 Name in full (In Sinhala/Tamil) :- .....  
.....

1.4 Permanent Address (In Sinhala/Tamil) :- .....  
.....

1.5 Permanent Address (In English block capitals) :- .....  
.....

1.6 Gender:- .....

1.7 Marital Status:- .....

1.8 National Identity Card No:

1.9 Date of Birth: - Date  Month  Year

1.10 Telephone No:

1.11 District:- .....

1.12 Grama Niladari Division :- .....

1.13 Email Address:- .....

2.0 Educational Qualifications:- .....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

3.0 Working Experience :-

(Most recent appointment first)

No.	Designation	Institution/Station	From	To
			(D/M/Y)	(D/M/Y)

4.0 Professional Qualifications:-

.....  
.....

5.0 Written Thesis/ Projects/ Articles :-

.....  
.....

6.0 Other Qualifications :-

.....  
.....

7.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

8.0 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 state that, all sections of this application completed are true and correct to the best of my knowledge.

(b) I shall not subsequently change any information stated above.

.....  
Date

.....  
Applicant's Signature

**9.0 Attestation:**

I do hereby certify that Mr./Mrs./Miss .....  
..... is personally known to me and placed his/her signature in my presence  
on .....

Date .....  
Signature of Certifying

Officer Name: .....

Designation: .....

Address: .....

**10.0 (This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution:**

I hereby certify that Mr./Mrs./Miss .....  
..... who 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.

Date .....  
Signature of the Head of the  
Department or Authorized Officer.

Name: .....

Designation:- .....

Ministry / Department:- .....