

(For office use only)

**Sri Lanka Atomic Energy Regulatory Council**  
**Ministry of Energy**

**Application for the Post of .....**

|                                                                                               |                                |
|-----------------------------------------------------------------------------------------------|--------------------------------|
| Name with Initials (In English block capitals): Ex : GUNAWARDHANA H.M.S.K                     |                                |
| Name in full (In English block capitals) :- (Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNASENA) |                                |
| Name in full (In Sinhala/Tamil) :-                                                            |                                |
| Permanent Address:                                                                            |                                |
| Mailing Address :                                                                             | Tel :<br>Mobil No :<br>Email : |
| Gender :                                                                                      | Marital Status :               |
| Date of birth :                                                                               | ID No :                        |
| District :                                                                                    | Electorate Division :          |

**1. Education Qualifications: -**

| Name and place of institution | Field of study | Diploma or Degree & Class | Years attended |    |
|-------------------------------|----------------|---------------------------|----------------|----|
|                               |                |                           | from           | to |
|                               |                |                           |                |    |
|                               |                |                           |                |    |
|                               |                |                           |                |    |
|                               |                |                           |                |    |

2. Recent employment record (starting with your present post):

| Name and place of employer/organization | Title of your position | Type of work | Years attended |    |
|-----------------------------------------|------------------------|--------------|----------------|----|
|                                         |                        |              | from           | to |
|                                         |                        |              |                |    |
|                                         |                        |              |                |    |
|                                         |                        |              |                |    |
|                                         |                        |              |                |    |

3. Non-Related Referees

| Name / Telephone No | Position | Address |
|---------------------|----------|---------|
| 1.                  |          |         |
| 2.                  |          |         |

4. **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

5. **(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:- .....