(For office use only)

Sri Lanka Atomic Energy Regulatory Council Ministry of Energy

Application for the Post of

Name with Initials (In Eng	lish block capitals): Ex :	GUNAW	ARDHANA H.M.S.K		
Name in full (In English bl	ock capitals) :- (Ex : HER	ATH MUI	DIYANSELAGE SAMAI	N KUMARA GUN	NASENA)
Name in full (In Sinhala/T	amil) :-				
Permanent Address:					
Mailing Address :		Tel : Mobil No :			
Gender :			Email : Marital Status :		
Date of birth :			ID No :		
District:			Electorate Division :		
1. Education Qualification	ns: -				
Name and place of institution	Field of study	Diploma or Degree & Class		Years attended	
				from	to

			'ears attended
		fror	m to
No	Position	A	ddress
nt:			
hat the particulars f	furnished by me in t	his application	on are true an
nowledge. I agree to	bear the loss which i	may occur du	e to incomplet
on of any part of thi	s application. Furthe	er, I state that	t, all sections o
are true and correct	t to the best of my ki	nowledge.	
	hat the particulars for the particulars for the part of the are true and correct	hat the particulars furnished by me in the nowledge. I agree to bear the loss which on of any part of this application. Further	hat the particulars furnished by me in this application nowledge. I agree to bear the loss which may occur du on of any part of this application. Further, I state that are true and correct to the best of my knowledge.

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/departmen	nt/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 be	peen 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.						
		ature of the Head of the					
	Depa	artment or Authorized Officer.					
	Name:						
	Designation:-						
	Ministry / Department:-						