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(For office use only)

Sri Lanka Atomic Energy Regulatory Council
Ministry of Energy

Application for the Post of Technical Officer

1.0 Personal Information:

1.1 Name with Initials at the end (In English block capitals) :- (Ex : GUNASENA H.M.S.K)

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1.2 Name in full (In English block capitals) :- (Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNASENA)

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

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1.4 Permanent Address (In Sinhala/Tamil) :-

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1.5 Permanent Address (In English block capitals) :-

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1.6 Gender:-

1.7 Marital Status:-

1.8 National Identity Card No:

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1.9 Date of Birth: - Date

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Month

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Year

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1.10 Telephone No(Home) :

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Mobile No:

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1.11 District: -

1.12 Electorate Division: -

1.13 Grama Niladari Division: -

1.14 Email Address: -

2.0 Educational /Professional Qualifications: -

(i) Date of obtaining NVQ 05/06 or 7 qualification: -

(ii) Name of Technical/Professional institute: -

(iii) Registration Number:-

(iv) Field of NVQ qualification: -

3.0 Post qualifying experience obtained in the relevant field: -
(Mention institutes from which the experience obtained and periods)

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4.0 Other Educational and Professional Qualifications: -

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5.0 Non-Related Referees

Name / Telephone No	Position	Address
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2.		

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6.0 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.

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Date

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Applicant's Signature

7.0 (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

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Signature of the Head of the
 Department or Authorized Officer.

Name:

Designation:-

Ministry / Department: -