

Application No. **Office Use Only**

Qualified	<input type="text"/>	<input type="text"/>
Unqualified/ Doubtful	<input type="text"/>	<input type="text"/>

MARINE ENVIRONMENT PROTECTION AUTHORITY**APPLICATION FOR THE POST OF****1. Personal Details**Title : Mr. Mrs. Miss. Last Name :
(In Block Letters)Initials with Last :
Name (In Block Letters)Full Name as in :
NIC (In Block Letters)

Other Names :

NIC No: Date of Issue:
Date Month YearDate of Birth : Age as at 02/01/2026:
Date Month Year Year MonthGender : Male Female Nationality: Marital Status : Single Married Divorced Widow **2. Contact Details**Permanent Address :
.....
.....

City/Town : Postal Code :

Telephone Numbers

Home : Mobile No :

Office : E-Mail :

District : Province :

3. Highest Education Qualification :

.....

.....

4. Educational Qualifications (*True Copies of certificates should be attached*)

(a) G. C. E. (O/L)

[illegible]

(b) G. C. E. (A/L)

Index No : Year :

Subject	Grade	Subject	Grade

5. University Education (Degrees, Diplomas etc.) (*True Copies of certificates should be attached*)

[illegible]

6. Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (*True Copies of certificates should be attached*)

[illegible]

7. Professional Qualifications (Examination/Memberships of Professional Bodies (Associate / Corporate Membership etc.) (*True Copies of certificates should be attached*)

[illegible]

8. Training Programmes/Workshops/Seminars/Conferences participated: (*True Copies of certificates should be attached*)

[illegible]

9. Special Achievements

10. Extra-Curricular Activities:

Category	Type	Achievement	Date/Year

11. Research & Publications, if any

12. Working Experience

(a) **Present Post:** (*True Copy of Service certificate or Appointment Letter should be attached*)

Post	Institution	Salary Code	Period		Describe the work done
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

(b) Previous Employment: (True Copies of Service certificates or Appointment Letters should be attached)

Post	Institution	Salary Code	Period		Total Service
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

13. Details of two non-related referees:

No.	Name & Position	Official Address & Tele. Nos.	Residential Address & Tele. Nos.
01.			
02.			

- ❖ Please attach the true copies of the certificates and relevant documents.
- ❖ If space is not sufficient to write the details, submit them as attachment.

I hereby certify that the particulars submitted by me in the application and its annexure are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

.....
Signature of the applicant

.....
Date

15. Recommendation by the Head of the Institution / Department:

(Applicable only for the applicants of Government/Semi Government/Corporations and Statutory Board)

I do hereby declare that the applicant, Dr/Mr/Mrs/Miss is serving in the post of of the Institution/Department from on permanent/temporary/casual basis and he/she can be/cannot be released from the service, if he/she will be selected for the post applied.

.....
Signature of the Head of the Head of Institution / Department

.....
Official Stamp

Date :

Name of certifying officer :

Post :

Address :

: