

2. EDUCATIONAL QUALIFICATIONS (Attach copies of the Certificates)

| | | |
|--|----------|--|
| I. G.C.E (Ordinary Level) Examination | Index No | |
| | Year | |

| # | Subject | Grade | # | Subject | Grade |
|-----|---------|-------|-----|---------|-------|
| 01. | | | 06. | | |
| 02. | | | 07. | | |
| 03. | | | 08. | | |
| 04. | | | 09. | | |
| 05. | | | 10. | | |

| | | |
|---|----------|--|
| II. G.C.E (Advanced Level) Examination | Index No | |
| | Year | |
| | Stream | |
| | Z-Score | |

| # | Subject | Grade | # | Subject | Grade |
|-----|---------|-------|-----|---------|-------|
| 01. | | | 03. | | |
| 02. | | | 04. | | |

3. ACADEMIC QUALIFICATIONS (Attach copies of the Certificates)

| University | Period | Major Field | Degree / Diploma | Class (If Any) | Year |
|------------|--------|-------------|------------------|----------------|------|
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| | | | | | |
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4. PROFESSIONAL QUALIFICATIONS (Attach copies of the Certificates)

| Institution | Period | Field of Study / Training | Qualification | Year |
|-------------|--------|---------------------------|---------------|------|
| | | | | |
| | | | | |

| Institution | Period | Field of Study / Training | Qualification | Year |
|-------------|--------|---------------------------|---------------|------|
| | | | | |
| | | | | |

5. WORK EXPERIENCE (Attach copies of the Service Certificates)

| Organization | Period | Position Held | Nature of Work |
|--------------|--------|---------------|----------------|
| | | | |
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6. ANY OTHER QUALIFICATIONS (If any)

| |
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| |
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| |

7. TWO NON-RELATED REFEREES

| Name | Position | Address | Telephone No |
|------|----------|---------|--------------|
| | | | |
| | | | |

8. DECLARATION OF THE APPLICANT

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.

I shall not subsequently change any information stated above.

.....
Date

.....
Signature of the Applicant

9. (THIS PART IS APPLICABLE ONLY FOR CANDIDATES WHO ENGAGE IN GOVERNMENT EMPLOYMENT) ATTESTATION OF THE HEAD OF THE DEPARTMENT / INSTITUTION)

I hereby certify that Dr./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 /Authorized Officer

Name:

Designation:

Address:

රජයේ රැකියා ඇබැරතු

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පුද්ගලික අංශයේ රැකියා ඇබැරතු

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අප සමඟ රැඳී සිටින ඔබට ස්තූතියි!!