For office use only

SOUTHERN PROVINCIAL ROAD	
DEVELOPMENT AUTHORITY.	
APPLICATION OF TH	E POST OF

1. Personal Details									
Name in Full (In English /Block Capital Letters)									
Mr./Mrs./Miss.									
Name in Full (In Sinhala)									
Name with Initials									
(In English / Block Capital Letters)									
Name with Initials (In Sinhala)									
Date of Birth									
Age (As at application closing date)									
Gender	Male:			Female:					
National Identity Card No /									
Passport No									
Civil Status	Marri	ed:			Single	:			
Nationality									
Permanent Adress									
Contact Number									
E-mail Address									
2 Educational Qualification (Attach Conice o	of Cartif	ioat	oc)						

2. Educational Qualification (Attach Copies of Certificat

GCE (C	-							
GCE (A								

Other

No	Course Name	Degree/ P.G. Degree/ P.G. Diploma/ Diploma/ Certificate	Subject/ Relevant field	Validity Date	University/ Training Institute
1					
2					
3					

	T	1			ı		T				
4											
5											
	Professional Qualification						Joma)				
(CII	(Chartered Qualifications / Memberships / Registrations / Post graduate Diploma)										
	Qualification	d	Name of Institution			Date OF Award	Duratio	n NVQ Level			
1											
2											
3											
4											
4.	Working Experience							Number	of Voors		
	Employer / Institution	on	De	signation		Fro	m - To	Number of Years			
	Г							years	Months		
1											
2											
3											
4											
5. Extra Curricular Activities											
C. Other Ashieroments (Including Leadership Managerial Brown by Paris Landau L											
Other Achievements (Including Leadership, Managerial, Research, Project Involvements, Experience, Publications etc.)											
7. Any Other Particulars (Not Include Above)											
••••											

8. Two Non-Related Referees

	Name	Designation	Address	Contact Details (TP Number& Email)							
1											
2											
9 . I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are to be false or accurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.											
•	Signature of applicant Date										
10 .Recommendation of the Head of the institution (For the applicants who are already in the service of Government Departments/ State Corporations/ Statutory Boards) I recommended and forwarded herewith the application of Mr./Mrs./Ms											
[Date	н	ead of the Institution (Offic	ial Stamp)							