

**FORM.LIK**

(For office use only)

**Application for the Post of .....**

**1.0 Personal Information:**

1.1 Name with Initials at the end (In English block capitals) :- .....

.....

(Ex : GUNAWARDHANA H.M.S.K)

1.2 Name in full (In English block capitals) :- .....

.....

(Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

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

.....

1.4 Permanent Address (In Sinhala/Tamil) :- .....

.....

1.5 Permanent Address (In English block capitals) :- .....

.....

1.6 Gender:- .....

1.7 Marital Status:- .....

1.8 Ethnic Group :- .....

1.9 National Identity Card No:

1.10 Date of Birth: - Date   Month   Year

1.11 Telephone No:

1.12 District:- .....

1.13 Electorate Division:- .....

1.14 Grama Niladari Division :- .....

1.15 Email Address:- .....

**2.0 Educational Qualifications:-**

2.1 G. C. E. (O/L) Examination: Year: - ..... Index No :- .....

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

3.0 Professional Qualifications:- .....

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4.0 Other Qualifications:- .....

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5.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

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.

.....  
Date

.....  
Applicant's Signature

**7.0 Attestation:**

I do hereby certify that Mr./Mrs./Miss .....  
..... is personally known to me and placed his/her signature in my presence  
on .....

Date .....

.....

Signature of Certifying Officer

Name: .....

Designation: .....

Address: .....

**8.0 (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 .....

.....

Signature of the Head of the  
Department or Authorized Officer.

Name: .....

Designation:- .....

Ministry / Department:- .....