

Ministry of Water Supply and Estate infrastructure Development
NEW VILLAGES DEVELOPMENT AUTHORITY FOR PLANTATION REGION

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(For office use only)

Application for the Post of (Regional Director/Accountant)

1. Personal Information:

1.1. Name with initials (In English block capitals) :-.....
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(Ex. GUNAWARDHANA HMSK)

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

(Ex. HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2. Name in full (Sinhala or Tamil) :-
.....

1.4. Permanent Address (Sinhala or Tamil) :-
.....

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

1.6. Gender: -

Male	
Female	

1.7. Marital Status :-

Married	
Unmarried	

1.8. National Identity Card No :-

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1.9. Date of Birth :- Date

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 Month

--	--

 Year

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1.10. Telephone No:-

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1.11. District :- 1.12. Division Secretary :-

1.13. Grama Niladhari Division :-

1.14. Email Address :-

2. Educational Qualifications:-

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

	Subject	Grade		Subject	Grade
1.			07.		
2.			08.		
3.			09.		
4.			10.		
5.			11.		
6.			12.		

2.2. G.C.E. (A/L) Examination: Year:- Index No :-

	Subject	Grade		Subject	Grade
1.			04.		
2.			05.		
3.			06.		

2.3. (i) Date of Graduation :-

(ii) University/ Institution :-

(iii) Registration Number :-

(iv) Internal/External :-

(v) Degree :-

(vi) Subjects :-

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(vii) Class :- Upper/Lower :-

(viii) Effective Date:- (ix) Medium of Examination:-

3. **Professional Qualifications** :-

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4. **Other Qualifications** :-

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5. Experiences :-

No	Organization	Designation	Working period

6. Non-Related Referees :-

Name & Telephone No	Position	Address
01.		
02.		

7. 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 for 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.
- (c) I am well aware that I will be fired without any notice if the above information is proved to be erroneous or fraudulent.

.....

Date

.....

Applicant's Signature

8. 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:-

9. This part is applicable only for candidates who engage in government or Semi 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 and his/her work and conduct are satisfactory, no disciplinary
action post of 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:-.....