

STATE MINISTRY OF ESTATE HOUSING AND COMMUNITY INFRASTRUCTURE
NEW VILLAGES DEVELOPMENT AUTHORITY FOR PLANTATION REGION

(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): -

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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: -

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1.10 Date of Birth: - Date

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 Month

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 Year

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1.11 Telephone No:

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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.		

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

	Subject	Grade		Subject	Grade
1.			3.		
2.			4.		

2.3 (i) Date of Graduation: -

(ii) University / Institution: -

(iii) Registration Number: -

(iv) Internal / External: -

(v) Degree: -

(vi) Subjects: -

.....

.....

(vii) Class: -

Upper / Lower: -

(viii) Effective Date: -

(ix) Language Medium of Examination: -

3.0 Professional Qualifications: -

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4.0 Other Qualifications: -

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5.0 Experiences: -

No	Organization	Designation	Working Period	

6.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

7.0 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.
- (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

8.0 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:

9.0 (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: -