Ministry of National Policies and Economic Affairs National Human Resources Development Council of Sri Lanka

st applied for:			
1. Name in Full : Rev/N	Ir/Mrs/Miss (underline Sur	name)	
2. Permanent Address	:		
Telephone Nos:			
3. Business Address:			
		Fax:	E-mail:
4. Date of Birth:			
4 (a) Age as on clo	sing date of applications		
Years:	Month:		
		Days:	
5. Civil Status:			
6. Citizenship (State wl	nether by registration)		
	eference number and date of	certificate of cit	izenship. If by descent state the national
6(a) National Identity of	ard No:		

Education:

Name of School/College	From	То	Grade

8. University Education (First Degree, Postgraduate Degree(s), Ph.D etc. (Please attach copies of all certificates).

University	From	То	Degree/ Diploma	Results (Give class/Grade)

09. Other Qualifications:

10. Details of Scholarships, Medals, Prizes etc.(If space is insufficient, please use a separate sheet of same size and attached)

11. Research and publications; If space is insufficient, please use a separate sheet of same size and attached)

2. (a) Pres	ent post	and Ins	titution:							
(b) Dat	te of App	pointme	ent:							
(c) Sal	ary Scal	e:								
(d) Sal	ary Step	:								
3. Professi	ional Ex	perienc	e (State prev	vious app	ointme	nts with p	oost, inst	itution and c	luration)	,
Post				Institution			From	То	1	
4. Extra C (If spac			ties: , please use	a separat	te sheet	of same s	size and	attached)		
5. Other In	nformati	on: (Att	ach Curricu	lum vitae	e)					
6. Proficie	ncy in L	anguag	e (Please tic	ek approp	oriate bo	ox)				
	Written					Spoken				
				_			1			
	Very Good	Good	Satisfactory	Normal	Weak	Very Good	Good	Satisfactory	Normal	Week
Sinhala		Good	Satisfactory	Normal	Weak	-	Good	Satisfactory	Normal	Week
Sinhala Tamil		Good	Satisfactory	Normal	Weak	-	Good	Satisfactory	Normal	Week

Other

17. Name & address of two non – related referees:	
(Give telephone nos. if any)	
Name	Address
18. I wish to confirm that the above particulars are true the particulars are found to be incorrect before or a would be disqualified of be liable for termination of	after selection for employment, I am aware them I
Date	Signature of Applicant

Designation:....

Date:.....

Seal:



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