## Welfare Benefits Board Ministry of Finance and Mass Media Application Form

POS	T APPLIED :								
01	Name in Full :	and the second of		ang par		energy and the second	property of the second		
02	Name with Initials	s :							
03	Permanent Addre								
				) <u>H</u>					
04	Tel :         Mobile :           Fax : _         E-mail :								
05	Fax: - National Identify	Card N	o :			E-maii	*		
		4	30			,			
					- PA	J			
06	Date of Birth :				Ye	ar:	Month:	0	Day:
07	Age as at closing	date of	Applic	ations :		ars:	Months		Days:
08	Civil Status :	229-03							
09	Citizenship:	- I O I	:£:+:_	[F:	N	d D-	stgraduate Degre	- (-\1	
10	nigher Education	ai Quai	iiica uc	ווא נדוואנ ו	Degree a	and Po	sigraduate Degre	e (S)]	
	University /				Specia		Main Subject/		Effective
	Institution	Deg	ree	Class	Gene		Subjects	From-To	date of
					Degr	ee	2		Degree
					200				
11	Professional Qual		ns						
	University/ Institution		Exam	ination p	assed	SI	pecialization	Year of	Passing
	1111111111111	SI							
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12	Certificat	es (if any)				_			
	Course	e/Certificate	Fi	eld		Name	of the Institution University	/ Year	
							Oniversity		
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13		r Academic Dis Prizes, etc. (ir							
	from wh	ich such award	s have been o						
	and rese	arch and public	ations, if any						
14		Class, and app							
	the servi	ce, if a governn	nent employe	e					
15	Current E	mployment Re	cords						
							Time P	eriod	
	Post	Designation	Institution	Brie	ef Descrip Dutie		From	То	
					Dutie	15	(dd/mm/yyyy)	(dd/mm/yyyy)	
16	Previous	working Evneri	ence (Starting	s with	nrecent	nosition	and continue in re	verse order)	
	·	· LAPETT	\$		рісэсіі	position		verse order)	
	Post/		Brief Descriptio	n of					
		ion Institution		11 01	Relevancy to the applied post		Time Period		
					аррп	ea post	(dd/mm/yyyy)	(dd/mm/yyyy)	

17	Proficiency i	n Languages (Please Mark ' ' in the relevant cage)								
			ν	Vritten		Spoken				
	Language	Very Good	Good	Satisfactory	Week	Very Good	Good	Satisfactory	Week	
	<b>.</b>			<u>.</u>						
18	Leadership/	Managei	ment exp	erience						
10			24 Lan							
19	Extra Currico	ular activ	ities							
20	Special Skills	6								
21	Creativity (ir	ncluding p	oatents)							
22	Are you und	er any ok	oligatory I	National Servic	e (If yes, s	specify)				
22	<u> </u>	officer to the	<u></u>	The street of th	Name of the State	0242 MESSA ****	2000			
23	। IT selected, \	wnat is th	ie earliest	date that you	can assur	ne duties	5:			

24	Names of two persons (with addresses and contact number	ers) to whom reference can be made:
25		
	compensation if the inaccuracy is discovered after the app	ointment.
	Signature of the Applicant	Date
	Signature of the Applicant	Date
26	For Public / Corporate Sector Candidates	Date
26	50.50	Date
26	50.50	Date
26	For Public / Corporate Sector Candidates	Date
26	For Public / Corporate Sector Candidates  be released.  Date:	(Please place official seal of Head of
26	For Public / Corporate Sector Candidates  be released.  Date:	
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(i)	For Public / Corporate Sector Candidates  be released.  Date:  Note  If the sheets above are not sufficient, please use extra she	(Please place official seal of Head of Institution) ets, when & where necessary.
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(i)	For Public / Corporate Sector Candidates  be released.  Date:  Note  If the sheets above are not sufficient, please use extra she	(Please place official seal of Head of Institution) ets, when & where necessary.
(i)	For Public / Corporate Sector Candidates  be released.  Date:  Note  If the sheets above are not sufficient, please use extra she Indicate the list of documents attached along with the approximate the sector Candidates.	(Please place official seal of Head of Institution) ets, when & where necessary.



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