Ministry of Megapolis and Western Development 1. Name in Full (Please underline the surname): 2. **Contact Details** i. Address (Office): ii. Address (Residence): iii. Telephone (Office): vi. Telephone (Res | Mobile): v. Fax: vi. Email: 3. **Current Employment** i. Institution: ii. Position iii. Appointment Date: National Identity Card | Passport 4. Number: 5. i. Gender: Male / Female ii. Civil Status Married/Unmarried/Widow/Separated 8. i. Date of Birth ii. Age as at closing date of applications: 9. State whether a citizen of Sri Lanka? By descent / by registration

¹ Please clearly indicate the Post which you are applying for, otherwise the application will not be considered. If applying for multiple posts use separate applications

10.	Educational Qualifications:		Use a separate sheet if the space provided is inadequate	
	Degree	Year	Main Subject(s)	University Institution
11.	Professional Qualifications:		Use a separate sheet if the space provided is inadequate	
	Qualification	Year		Institution
12.	Experience:		Use a separate sheet	if the space provided is inadequate
	i. Organization:		ii. Service Period:	

13.	Experience in handling similar type of projects:					
	Use a separate sheet if the space provided is inadequate					
	provided is induceduate					
14.	Contribution made to the relevant field					
	Use a separate sheet if the space provided is inadequate					
15.	Other Relevant Details (If any):					
	I hereby certify that the particulars furnished by me in this application are true and accurate. I'm aware that if any particulars contained in this application found to be false and incorrect, before selection, I'm liable to disqualify for the selection and if found subsequently to the appointment, I will be dismissed without any compensation.					
	Date:	Signature of the applicant				
16.	Attestation of the Applicant's Signature:					
	I hereby certify that who applies for the post of					
	in the					
	Date:	Signature of the Attester				
	Place:					
	Full Name of the Attester:					
	Address:					

Attestation of the Head of the Department/Institution (To be filled only by the state sector applicants who submit their applications through respective organizations)					
	I hereby recommend and forward the application of				
	Date:	Signature of the Head of the Department			
	(Official Seal)				