

PARLIAMENT OF SRI LANKA

Post of Assistant Director (Administration) (on contract basis)

01. (a) Name with initials (in Sinhala/Tamil):.....
.....
(b) Names denoted by initials (in Sinhala/Tamil) :
.....
(c) Full Name (in block Capitals): Mr./Mrs./Miss

02. N.I.C Number

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03. (a) Private Address:
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.....

Telephone No:

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(b) Official Address:
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Telephone No

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(c) Please indicate the address the calling letter for the interview to be posted.
Private Office

04. (a) Date of birth:(A copy of the Birth Certificate should be attached)
(b) Age as at closing date for applications: Years: Months: Days:

05. Civil Status: (Married/Unmarried)

06. Gender: (Male/Female)

07. State whether a citizen of Sri Lanka: (Yes/No)

08. Higher Educational Qualifications: (Copies of the certificates should be attached)

Degree	Subjects	University	Year

9. Professional Qualifications (copies of the certificates should be attached):
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10. Experience (Copies of the Certificates Should be attached)

Institution	Post	Service Period

11. Details of Present Employment:

- (a) Name and Address of the Institution:
- (b) Present Post:
- (c) Date of First Appointment:
- (d) Monthly basic salary:
- (e) Allowances:
- (f) Gross Salary:

12. Have you been convicted for a criminal offence by a Court of Law? (Yes / NO)
 If yes, give details:

13. Have you served under the Government before? (Yes / NO)
 If yes, give details:

I do hereby certify that the particulars furnished by me in this application are true and correct. I am also aware that, I am liable to be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation if such detection is made after appointment.

Date:

.....
 Signature of the Applicant

Certification of Head of Department/Institution

(Only for applicants serving in the Public Co-operations and Statutory Bodies)

Secretary General of Parliament,

I recommend and forward the application of Mr / Mrs /Miss holding the post of in this Institution. I certify that he/she has been confirmed/not confirmed in this post and his/her work and conduct are satisfactory and that he/she has not been subjected to any disciplinary action or there is no intention to make such inquiry. He/she can be released/cannot be released from the service if selected for this post.

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 Signature of Head of Department/Institution
 (Official Stamp)

Date: