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**MINISTRY OF EDUCATION
STATE MINISTRY OF SKILLS DEVELOPMENT, VOCATIONAL EDUCATION,
RESEARCH AND INNOVATION**

CITY UNIVERSITY, KEGALLE CAMPUS

APPLICATION FOR THE POST OF TECHNICAL OFFICER

NIC No.

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APPLIED POST :

1. Name (In block letters)

a. Full name

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b. Name with initials: Mr / Ms.:

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2. a. Permanent Address:

.....
.....

b. Tel: Res. No. : Mobile No. :

c. E-mail: Fax :

3. Date of Birth:

Year	Month	Date

4. Age:
(As at closing date)

Years	Months	Days

5. Civil Status:

Married	Single

6. Sex:

Male	Female

7. Sri Lankan Citizenship: By Descent

By Registration

8. Highest Examination passed in the following Languages:

	Sinhala
	Tamil
	English

9. Educational Qualifications :

a) GCE (O/L) Examination		(b) GCE (A/L) Examination	
Name of the School:.....		Name of the School :.....	
Index No:	Year :	Index No:	Year :
Subject	Grade	Subject	Grade

(Attach Copies of Certificates)

10. Vocational Level Qualifications Diploma & Certificates:

University/Institution	Diploma/Certificate Course	Period		Subjects followed and the effective date	Results
		From	To		

11. Other Qualifications, if any

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12. a. Present Occupations: (if space is insufficient, please use a separate sheet)

Place of work	Designation & nature of work assigned	Salary drawn per month	Period of stay	
			From	To

b. Previous Occupation/s: (if space is insufficient, please use a separate sheet)

Place of work	Designation & nature of work assigned	Salary drawn per month	Period of stay		Reason for Leaving
			From	To	

13. Extra Curricular Activities:

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14. Names, occupations and addresses of two non related referees:

Name	Address	Occupation	Contact No

15. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Further, I have enclosed copies of following documents. (Please put “√” mark)

A. Educational Qualifications

- 1. O/L
- 2. A/L
- 3. Vocational Level Qualifications

C. Service Certificates

B. Other Certificates

- 1. Birth Certificate
- 2. National Identity Card
- 3.

Date :.....

.....
Signature of Applicant

(TO BE COMPLETED BY THE HEAD OF THE INSTITUTION WHERE APPLICABLE)

The application is recommended / not recommended and forwarded.

Date: Signature of Head of Department/Division

The application is recommended / not recommended and forwarded. If the applicant selected for the above post, he/she will be released / not be released to accept the appointment.

Date: Signature of Head of Institution

For Office Use

Date Received		
Eligibility	Yes	No
If No, Reasons		
Senior Assistant Registrar (Establishment)		
Comments of the short listing committee		