

PARLIAMENT OF SRI LANKA

POST OF ASSISTANT SECRETARY GENERAL

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												
02.03.	(a)	National Identity Card Number Private Address:												
		Telephone No:]	
	(b)	Official Address:												
		Telephone No	<u> </u>]	••••
	(c)	Please indicate the address posted. Private	i to w		furth Office		rres	por	ndei	nces	s sho	ould	l be	
04.	(a) (b)	Date of birth: Years: Months: Days: (A copy of the birth Certificate should be attached) Age as at closing date for applications: Years: Months: Days:												
05.	Civi	il Status: (Married/Unmarried)												
06.	Gen	nder: (Male/Female)												
07.	State	te whether a citizen of Sri Lanka: (Yes/No)												
08.	Hig	Higher Educational Qualifications: (Copies of the certificates should be attached) Degree University Effective date									d)			
9.	Prof	Professional Qualifications (copies of the certificates should be attached):												
					•••••	••••••	•••••	••••					•••••	•••••

10.		he Certificates Should be attac										
	Institution	Post	Service Period									
11.	Details of Present Employment:											
	(a) Name and Address of the Institution:											
	(b) Date of First Appointment:											
	(c) Present Post:											
	(d) Monthly basic salary:											
	(e) Allowances:											
	(f) Gross Salary:											
12.	•	ed for a criminal offence by a C	• • • • • • • • • • • • • • • • • • • •									
13.	Have you served under the Government before? (Yes/NO) If yes, give details:											
be d		are found to be false or incor y compensation if such o										
Date:		 S	Signature of the Applicant									
	<u>Certification</u>	n of Head of Department/I	nstitution									
(C	Only for applicants serv	ing in the Public Service/Pro	vincial Public Service)									
•	tary - General of Parlian		,									
I recondulated he/sh satisfy there	ommend and forward ng the post ofne has been confirmed actory and that he/she	the application of Mr / Mrs in this d in this post and his/her has not been subjected to a ke such inquiry. He/she ca	s Institution. I certify that work and conduct are any disciplinary action or									
Date:		e e	of Department/Institution fficial Stamp)									