|   |   |               |                     |        |                         |            | C           | all Up No | Э.    |       |
|---|---|---------------|---------------------|--------|-------------------------|------------|-------------|-----------|-------|-------|
|   | Office Use Only   |               |                     |        |                         |            |             |           |       |       |
|   | Age :   |               | GCE(O/L)            |        | GCE(A                   | A/L)       |             | ]         |       |       |
|   | Diploma<br>Certificate  |               | Course<br>Certifica | te     | NVQ                     |            |             | Experie   | nce   |       |
|   | Qualified   | Not           | Re                  | ason [ |                         |            |             |           |       |       |
| • |   |               |                     |        | RVICES (SR<br>ERNATIONA |            |             | -         |       |       |
|   |   | <b>SPECIM</b> | <u>IEN APPLI</u>    | CATION | FOR POST                | <u> OF</u> |             |           |       |       |
| 1 | Title :   | Mr/Miss/Mrs   |                     |        |                         |            |             |           |       |       |
|   | Last Name:  |               |                     |        |                         |            |             |           |       |       |
|   | Initials with Last<br>Name  |               |                     |        |                         |            |             |           |       |       |
|   | Full Name as in<br>NIC  | :             |                     |        |                         |            |             |           |       |       |
|   | Other Names   | :             |                     |        |                         |            |             |           |       |       |
| 2 | NIC No:   |               |                     |        |                         | Date of    |             | ate       | Month | Year  |
|   | Date Of Birth :   | Date          | Month               |        | Year                    | Age as     | at 01/12/20 | )22:      | year  | Month |
|   | Gender:   | Male          |                     |        | Nationality:            |            |             |           |       |       |
|   | Marital Status  | :             | Single              | N      | Married                 | Divo       | orced       | Widov     | w     |       |
| 3 | Contact Details   |               |                     |        |                         |            |             |           |       |       |
|   | Permanent Address   | : .           |                     |        |                         |            |             |           |       |       |
|   | City/Town:  |               |                     |        | Po                      | stal Code  | e:          |           |       |       |
|   | Telephone No:   |               |                     |        | Mo                      | obile No:  |             |           |       |       |
|   | e-Mail:   |               |                     |        | Pr                      | ovince :   |             |           |       |       |
|   | District: Polling Division:   |               |                     |        |                         |            |             |           |       |       |
|   | Academic Qualifications: (Copies of Certificate Should be attached) |               |                     |        |                         |            |             |           |       |       |
|   | GCE(O/L) Index No:  |               |                     |        | Year                    | ·.         |             | $\neg$    |       |       |
| 4 | Subject   |               | Grade               |        | Subjects                | ·          | Grade       | -         |       |       |
|   |   |               |                     |        |                         |            |             | _         |       |       |
|   |   |               |                     |        |                         |            |             | $\dashv$  |       |       |
|   |   |               |                     |        |                         |            |             |           |       |       |

| G C E (A/L) |       |  |       |    |  |
|-------------|-------|--|-------|----|--|
| Index No :  |       |  | Year: |    |  |
| Su          | bject |  | Grad  | le |  |
|             |       |  |       |    |  |
|             |       |  |       |    |  |
|             |       |  |       |    |  |
|             |       |  |       |    |  |

## <u>Professional Qualifications:</u> Diploma/Certificates (Copies of Certificate should be attached

| 5 | Institute | Name of the<br>Diploma/Course | Perio<br>From | od<br>To |
|---|-----------|-------------------------------|---------------|----------|
|   |           |                               |               |          |
|   |           |                               |               |          |
|   |           |                               |               |          |
|   |           |                               |               |          |
|   |           |                               |               |          |

## **Employment History**

(a) Present post: (Copy of the Service Certificate Should be attached)

| 6 | Institute | Post | Pe   | riod | Total Service |
|---|-----------|------|------|------|---------------|
|   |           |      | From | To   |               |
|   |           |      |      |      |               |
|   |           |      |      |      |               |
|   |           |      |      |      |               |
|   |           |      |      |      |               |

## (b) Previous Employment

(Copy of the Service Certificate Should be attached)

| Institute | Post | Period |    | Total Service |
|-----------|------|--------|----|---------------|
|           |      | From   | To |               |
|           |      |        |    |               |
|           |      |        |    |               |
|           |      |        |    |               |
|           |      |        |    |               |
|           |      |        |    |               |

## Details of two non related referees:

| / |     |                 |                               |                                      |  |  |  |  |  |
|---|-----|-----------------|-------------------------------|--------------------------------------|--|--|--|--|--|
|   | No. | Name & Position | Official Address & Tele. Nos. | Residential Address & Tele Nos.      |  |  |  |  |  |
|   | 110 |                 | 0111014111441000001101011001  | 110014011411114111000 40 1 010 11001 |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |
|   |     |                 |                               |                                      |  |  |  |  |  |

| I do hereby certify that the above particulars submitted by me this application are true and accurate. I am aware that is |  |  |  |  |
|---|--|--|--|--|
| 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.                                       |  |  |  |  |

| Signature of the applicant: | Date: |
|-----------------------------|-------|