

**Application for Post of Assistant Director/...Field..... (External)**

**TELECOMMUNICATION REGULATORY COMMISSION OF SRI LANKA**

1.Name with initial (In English) :Mr./ Mrs./Ms.....

2.Full Name (In English) : .....

3. Full Name (In Sinhala/Tamil) :.....

4. Address: .....

5. Date of Birth:..... Age as at 05.03.2025 .....

6. Telephone no.: .....

7. E- mail Address .....

8. NIC No: .....

9. Gender: .....

10.Educational Qualifications: .....

11.Professional Qualifications: .....

12.Experience: .....

13. If you are in Government service:

Organization: .....

Designation: .....

14.Certificates attached 1 .....

2.....

3.....

4.....

**15. Declaration of the Applicant:**

(a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and / or incorrect completion of any part of this application. Further I stated that all sections of this application completed are true and correct to the best of my knowledge.

.....  
Date:

.....  
Signature of Applicant

**16. Attestation of the Head of the Department/ Institution: (for candidates from government institutions)**

I hereby certify that Mr./Mrs./Miss .....who is working in this Ministry/Department/Institution, is working in the post of ..... and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service of this institution.

.....  
Date

.....  
Signature of the head of the  
Department/ Institution

Name: .....

Designation: - .....

Ministry / Department/Institution: -.....

Official Seal :