

NATIONAL WATER SUPPLY & DRANAGE BOARD

HUMAN RESOURSCES MANAGEMENT SECTION

APPLICATION FOR THE POST OF

Employee Number	
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1. Name with Initials		(Mr./Mrs. /Miss)
2. Name in full		

3. Postal Address			
4. Whatsapp Number			
5. Contact Number			
6. Email			

7. NIC Number	
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8. Date of birth	D	D	M	M	Y	Y	Y	Y
9. Age as at the Closing date	Years		Month		Days			

10. Civil Status	Married		Unmarried	
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11. Designation	
12. Board Grade	
13. Date of present appointment	
14. Present Work Place	
15. RSC	

16. Qualifications

a. Academic Qualification

Institution		Qualification	Date of Effective	Duration	
				From date	to date

b. Memberships of Professional Bodies

Institution		Type of membership	Corporate / Non Corporate	Date of Effective

17. Work Experience

a) Work Experience (NWSDB)

Designation		Permanent or Acting	Board Grade	Duration		Total Experience
				From date	From date	

Designation	Permanent or Acting	Board Grade	Duration		Total Experience
			From date	From date	

a) Work Experience (Outside)

Name of Institute / Organization	Designation	Duration		Total Experience
		From date	To date	

18. Other Achievements:

Achievement	Year

19. Any disciplinary actions taken with in last 3 years.

20. Copies of the following certificates (Not originals) should be attached:

P.S. Applications not supported by copies of these certificates will be rejected

- a) **Certificates of Educational Qualifications**
- b) **Certificates of Professional Qualifications**
- c) **Letters of Experience**
- d) **Copies of other achievement certificates**

I do hereby declare that the particulars furnished by me in this application are true and accurate.

Date : -

Signature:-.....

Leave Records

Years	Casual	Annual	Medical	No pay	
				Approved	Unapproved
2023					
2024					
2025					

Management Assistant:-.....

	Excellent	Above Average	Average	Below the Average	Satisfaction	Unsatisfaction
Work						
Attendance						
Behavior						

Recommendation of the Sectional Head

.....
Signature of the Sectional Head & Seal

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APPLICATION FOR THE POST OF

1. Name with Initials		(Mr./Mrs. /Miss)
Name in full		

2. Postal Address		
WhatsApp Number		
Contact Number		
Email ID		

3. NIC Number	
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4. Date of Birth	D	D	M	M	Y	Y	Y	Y
Age as at the Closing date	Years		Month		Days			

5. Civil Status	Married		unmarried	
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6. Whether Citizen of Sri Lanka	
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7. Qualifications

a. Academic Qualification

Institution		Qualification	Date of Effective	Duration	
				From date	to date

b. Memberships of Professional Bodies

Institution		Type of membership	Corporate / Non Corporate	Date of Effective

8) Work Experience

Name of Institute / Organization		Designation	Duration		Total Experience
			From date	To date	

9. Other Achievements:

Achievement		Year

10. Names of two non-related referees with addresses and Contact Nos.

Name	Address
1.	
2.	

11. Have you been convicted of a criminal offence in a Court of Law? If so, give details:

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12. Copies of the following certificates (Not originals) should be attached:

P.S. Applications not supported by copies of these certificates will be rejected

- a) Birth Certificates
- b) Certificates of Educational Qualifications
- c) Academic Transcript of Degree
- d) Certificates of Professional Qualifications
- e) Letters of Experience
- f) Copies of other achievement certificates

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

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Signature of Applicant

Date:

Certificate of Head of Department/ Institution

(Only for the applicants serving in the Public Service/ Government Corporations/ Statutory Boards.)

General Manager - NWSDB,

I recommended and forward the application of Mr. / Mrs. / Miss. -----
-----holding the post of -----
-----in this institution. I certify that his/ her work and conduct are satisfactory
and that he/ she has not been subject to any disciplinary action. He/ She can be released/ cannot be
released from service if selected for this post.

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Signature of Head of Department/ Institution
(Official Stamp)

Date: