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தேசிய ஒற்றுமை மற்றும் நல்லிணக்கத்திற்கான அலுவலகம்
Office For National Unity And Reconciliation



Reference No. : ONUR/RCM/2026/KKS

Application Form for Recruitment to the Post of Office Assistant

1.0 Personal Information

No.	Description	Information to be Completed by the Applicant
1.1	Name with Initials (In English Capital Letters)	
1.2	Full Name (In English Capital Letters)	
1.3	Full Name (In Sinhala / Tamil)	
1.4	Permanent Address (In Sinhala / Tamil)	
1.5	Permanent Address (In English Capital Letters)	
1.6	Gender	
1.7	Marital Status	
1.8	Nationality	
1.9	National Identity Card Number	
1.10	Date of Birth	Date: _____ Month: _____ Year: _____
1.11	Contact Number	Mobile: _____ Landline: _____
1.12	E-mail Address	
1.13	District	

2.0 Educational Qualifications

2.1 G.C.E. (Ordinary Level) Examination

Year : _____

Examination Index Number : _____

Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

2.2 Other Educational Qualifications

Educational / Professional Qualification	Institution	Year Obtained

3.0 Professional Qualifications

Please provide details of the relevant professional qualifications below.

No.	Professional Qualification	Institution / Professional Body	Year Obtained
1.			
2.			
3.			
4.			
5.			

4.0 Other Qualifications / Skills

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5.0 Employment Experience

Please provide details of relevant employment experience in chronological order, including your current / last employment.

No.	Institution / Place of Employment	Position Held	Period of Service	Nature of Employment
1.			From: _____ To: _____	Permanent / Contract / Other
2.			From: _____ To: _____	Permanent / Contract / Other
3.			From: _____ To: _____	Permanent / Contract / Other
4.			From: _____ To: _____	Permanent / Contract / Other
5.			From: _____ To: _____	Permanent / Contract / Other

5.1 Current Employment

Institution :

Position :

Date Joined :

Current Monthly Salary :

Nature of Employment : Permanent / Contract / Casual / Temporary / Other

6.0 Relevant Experience

Please provide details of experience relevant to the post of Office Assistant.

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7.0 Relevant Special Achievements / Contributions

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8.0 Details of Two Non-Related Persons Who Can Provide Information about the Applicant

Description	First Person	Second Person
Name		
Position		
Institution		
Contact Number		
E-mail Address		
Full Address		
Professional Relationship with the Applicant		

9.0 Declaration of the Applicant

I hereby declare that all the information provided by me in this application form is true and accurate to the best of my knowledge and belief, and I acknowledge that if any information is found to be false or incorrect, I may be disqualified for this post or my appointment may be cancelled.

Date : **Applicant's Signature :**

Place : **Name :**

10.0 Certification by the Head of the Institution (If Applicable)

I certify that Mr. / Mrs. / Ms.
has been serving in the position of at
.....from
..... on a Permanent / Contract /
Casual / Temporary basis, and that if selected for this post, he / she can / cannot be released
from service.

Description	Information
Signature and Official Seal of the Head of the Institution	
Name	
Position	
Ministry / Department / Institution	
Date	