

APPLICATION FORM

POST OF MANAGEMENT ASSISTANT

❖ **Employee Details:**

- Name : Mr. / Mrs. / Miss
- Address :
- Contact No : Home Mobile
- Date of Birth : Age :

❖ **Educational Qualifications:**

- **G. C. E. (O/L) Examination**

Subjects	Grade	Year	Pls. attach copy of the certificates
			Annexure (.....)

- **G. C. E. (A/L) Examination**

Subjects	Grade	Year	Pls. attach copy of the certificates
			Annexure (.....)

- Degree - (Tick ✓ in relevant field)

HRM Business Mgt. / Admn Tourism Related ICT Related Others
 Public Admn

Degree	University/ Institute	Valid Date	Pls. attach copy of the certificates
			Annexure (.....)
			Annexure (.....)

- Diploma/ Higher Diploma

Diploma/ Higher Diploma	University/ Institute	Duration			Pls. attach copy of the certificates
		From	To	Number of Years/ months	
					Annexure (...)
					Annexure (...)
					Annexure (...)
					Annexure (...)

- Certificate Courses

Certificate Course	Institute	Duration			Pls. attach copy of the certificates
		From	To	Number of Years/ months	
					Annexure (...)
					Annexure (...)
					Annexure (...)

The Sri Lanka Tourism Development Authority

					Annexure (....)
					Annexure (....)
					Annexure (....)
					Annexure (....)

❖ **Work Experience:**

Year & month		Position	Organization	Pls. attach copy of the service letters
From	To			
				Annexure (....)
				Annexure (....)
				Annexure (....)
				Annexure (....)
				Annexure (....)
				Annexure (....)

Paste the receipt

Please credit Rs. 500/- to the following account in favor of Sri Lanka Tourism Development Authority for examination fee and paste the receipt in this box.

Bank : Bank of Ceylon
 Branch : Corporate Branch
 Account No. : 7119413
 Account Holder : Sri Lanka Tourism Development Authority

Non Related Referees :

- | | |
|---------|---------|
| 1. | 2. |
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I do hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge and forward the same for your kind consideration.

.....
Signature of employee

.....
Date