

**Application for the post of ----- of the
Disaster Management Centre**

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(For Official Use only)

1.0 1.1 Name of the Applicant with Initials:
(In English Block Capitals)

1.2 Name in full :
.....
(In English Block Capitals)

1.3 Name in full
.....
(In Sinhalese/Tamil)

2.0 National Identity Card No

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3.0 3.1 Permanent Address :
.....
(In English Block Capitals)

3.2 Permanent Address:
.....
(In Sinhalese/Tamil)

3.0 District : :.....

4.0 Telephone No. :.....
E-mail Address (If available) :-

5.0 Whether you are a Sri Lankan by birth or by registration, :.....

6.0 Marital Status :

7.0 Date of Birth : year Month Date

8.0 Age as at Closing Date years Months Dates

9.0 Educational Qualifications :
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10.0 Experience :
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11.0 Details of Previous / Present Employment

Organization	Post	Period of Service	Reason for Leaving

12.0 Have you ever been convicted by a court for an offence?
(Place a tick (√) in the relevant cage. If yes, please describe.)

Yes	<input type="checkbox"/>	Nb	<input type="checkbox"/>
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13.0 Affirmation by the Applicant :

(☑) I declare that the information furnished by me in this application is true and correct to the best of my knowledge and I have completed every section accurately.

Date

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Signature of the Applicant

Certification by the Head of Department (in the case of those engaged in Public Service)

I certify that Mr./Mrs./Miss is employed in with effect from as (post held) in a permanent/ temporary /casual (Please delete the unnecessary words) position, and that if selected for appointment as per the results of this interview, he/she can / cannot be released from his /her present position, and that the information furnished above is true.

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Signature and Official Frank of Head of Department

Date

Name of the attesting officer

Designation.....

Address