

Sri Lanka Social Security Board

Application for the Post of

For office use only

- 01. (i) Full Name :
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- (ii) Name with Initials :
- 02. (i) Permanent Address:
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- (i) Temporary Address:
.....
.....
- 03. Telephone Number (Personal) : (Mobile) :
- 04. Date of Birth : 05. Age as at the closing date of the applications :
- 06. Gender: 07 Marital status :
- 08. National Identity Card Number :
- 09. Educational Qualifications (Please attach the relevant copies) :
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- 10. Professional Qualifications (Please attach the relevant copies):
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- 11. Current Post and Place of working:
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- 12. Names and Address of two non-related referees:
(1) Name : (1) Name :
.....
.....
Address: Address :
.....
.....

I hereby certify that the particulars furnished by me in this application are true and correct to the best of my knowledge.

Date

.....
Signature of the applicant

Certification of the head of the Department Institution

(This is only for the candidates who are being employed in public service/Provincial public service/State Cooperation / Staturity Boards)

I recommend the application of Mr/ Mrs / Ms serving.....in this institution, attached herewith. I certify that his performance in duty and the behavior is appreciated and not been subjected to any disciplinary action or not to be intended. I am also inform that if he is selected for the aforesaid post, he can be released from the service without a successor

Date

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Signature of the Head of the Institution

Name

Designation

Address

Official Stamp