## Recruitment to the posts of Director of the Department of Archaeology belonging to the State Ministry of National Heritage, Performing Arts and Rural Arts Promotion - 2021

		01.
		02.
(For o	office use	e only)
		03.
		04.
		(Post/posts applied for )
1.0	1.1	Name in full (Mr./Mrs./Miss.) :
	1.2	Name in full :
	1.3	Name with initials (Mr./Mrs./Miss.)
		(In Sinhala/Tamil)
	1.4	Name with initials :
2.0	2.1	Permanent address :
		(In Sinhala/Tamil)
	2.2	Permanent address :
3.0	3.1	Gender : Male - 0
		(Indicate in the relevant cage) Female - 1
	3.2	Marital status : Married - 1
		(Indicate in the relevant cage) Single - 2
	3.3	Date of birth: Year Month Date
	3.4	Age as at 15.12.2021 : Years Months Days
	3.5	Number of the N.I.C :
	3.6	Contact No. : Mobile -
		Fixed line -

4.0	4.1	Present post						
		4.1.1Date appointm	nent to the said post :					
	4.2	Service	:					
	4.3	Grade	:					
		4.3.1 Date of appointment to the said grade :						
	4.4	Official address	:					
	4.5	Total period of service in the executive service category:						
		:						
	S/No.	Post		Period (from to)				
5.0								
	5.1	Educational qualifi	cations :					
		5.2 Profession	al qualifications :					
	5.4	Language competency :						
	5.5	Knowledge in information technology:						
6.0 Sta			action has been taken agai	inst you.				
	(Indica	te $(\sqrt{\ })$ in the relevant	at cage)					
	7	Yes	No					
	(Furnis	sh particulars if the	answer for the above is 'y	es')				
	(T GIIII)	(						
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## 7.0 Candidate's certificate:

(Place Official Stamp)

I solemnly declare that the particulars furnished by me in this application are true and correct and all the parts of the application are perfected correctly. Further, I declare that I am fully aware that if the statement made by me is found to be false, I am liable to disqualification before appointment and to dismissal from service if it is detected after appointment and further I agree to abide by all the rules and regulations.							
Date		Signature of the Applicant					
8.0 Recor	mmenda	ation of the Head of the Department :					
institution, th	ne parti been l	Mr./Mrs./Miss, whose particulars are given above is serving at this culars furnished by him/her are correct, his /her works and attendance are satisfactory, eveled against the officer and he/she can be released from the service of this institution .					
		Signature of the Head of Department/Institution					
Name	:						
Designation	:						
Address	:						
Date	:						