(For office use only)	
-----------------------	--

Application for the Post of Legal Officer cum Board Secretary

) Pe	ersonal Information:									
1.1	1 Name with Initials at the end (In	English	n block	capita	als): ·	-				
					•••••		•••••	•••••		
(Ex	x : GUNAWARDHANA H.M.S.K)									
1.2	2 Name in full (In English block cap	itals) :-						•••••		
(Ex	x : HERATH MUDIYANSELAGE SAM	AN KU	MARA	GUNA	AWA	RDHAN	A)			
1.3	3 Name in full (In Sinhala/Tamil) :-									
1.4	4 Permanent Address (In Sinhala/T	amil) :	-							
1.5	5 Permanent Address (In English bl	ock ca	pitals)	:-						
1.6	6 Gender:									
1.7	7 Marital Status:									
1.0	O Niational Identity Cond No.				1		1]	
1.8	8 National Identity Card No:						<u> </u>]	
1.9	9 Date of Birth: - Date N	lonth		Ye	ear					
1.1	10 Telephone No(Home):									
							_ 			
	Mobile No:									
1.1	11 District:				•••••					
1.1	12 Electorate Division:									
1.1	13 Grama Niladari Division :									
	445 11411									

2.0	Edu	cational Qualifications: -
	2.3	(i) Date of Graduation:-
		(ii) University:
		(iii) Registration Number:-
		(iv) Internal / External: -
		(v) Degree:
		(vi) Subjects: -
		(vii) Class:
		First class/Second class/Upper / Lower:
		(viii)Language Medium of Examination: -
		(ix) Name of the Post Graduate Diploma/Degree:
		(x) Date of obtaining Post Graduate/Degree:-
		(xi) Subject in Post Graduate Diploma / Degree:
2 0	Dro	fessional Qualifications and experience: -
3.0	F10	ressional Qualifications and experience
4.0	Oth	er Educational Qualifications: -

5.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

6.0 Declaration of the Applicant:
• •

7.0

(a) I respectfully declare that the particulars furnished by me in this application are true and
correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete
and /or incorrect completion of any part of this application. Further, I state that, all sections of
this application completed are true and correct to the best of my knowledge.
(b) I shall not subsequently change any information stated above.
Date Applicant's Signature
Attestation:
I do hereby certify that Mr./Mrs./Miss
is personally known to me and placed his/her signature in my
presence on
Date
Signature of Certifying Officer
(Either a JP or an Executive Officer of a Government Institution)
Name:

Designation:

Address:

8.0	(This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution:						
	I hereby certify that Mr./Mrs./Miss						
	who is working in this ministry/department/institution, is working in the						
	post of and his/her work and conduct are satisfactory, no						
	disciplinary action pending against him/her and no decision has been taken to impose any such						
	in the future. If he/she will be selected for this post, he/she can/cannot be released from the						
	service.						
	Date						
	Signature of the Head of the						
	Department or Authorized Officer.						
	Name:						
	Designation:-						
	Ministry / Department:-						