

## PARLIAMENT OF SRI LANKA

		Post of	••••	••••	• • • •	•••••	••••	••••					
01.	(a)	Name with initials (in English):											
	(b)	Names denoted by initials (in English):											
	(c)	Full Name (in block Capitals): (Mr./Mrs./Miss)											
02.		National Identity Card Numbe		•••••									
03.	(a)	Private Address:											
		Telephone No:	 T			·······	<u> </u>	 T	 T	 T	Τ	·······	 7
	(b)	Official Address:											
		Telephone No											
	(c)	Please indicate the address to which the admission should be posted.  Private   Office											
04.	(a) Date of birth:												
	(b)	(A copy of the birth Certificate should be attached)  Age as at closing date for applications: Years: Months: Days:											
05.	` '	Civil Status: (Married/Unmarried)											
06.	Gender: (Male/Female)												
07.	State whether a citizen of Sri Lanka: (Yes/No)												
08.	Educational and Higher Educational Qualifications: (Copies of the certificates should be attached)									ates			
								• • • • •		• • • • •			
09.	Professional Qualifications (Copies of the certificates should be attached ):											):	

10.	-										
11.	Experience (Copies of the Certificates should be attached)										
11.	Institution	Post	Service Period								
12.	Details of Present Employment:										
	<ul><li>(a) Name and Address of the Institution:</li><li>(b) Date of First Appointment:</li></ul>										
	(c) Present Post:										
	(d) Monthly basic salary:										
	(e) Allowances:(f) Gross Salary:										
13.	Have you been convicted for a criminal offence by a Court of Law? (Yes/No) If yes, give details:										
14.	14. Have you served under the Government before? (Yes/NO) If yes, give details:										
	I do hereby certify that all the particulars furnished by me in this application are true and correct. I am also aware that, I am liable to be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation if such detection is made after appointment.										
	Date:		Signature of the Applicant								
	<b>Certification</b>	of Head of Departme	ent/Institution								
(On	ly for applicants servi	ng in the Public Servic	e/Provincial Public Service)								
Secret	ary - General of Parlia	ment,									
holdin he/sh satisfa there	ng the post of ne has been confirmed actory and that he/she	d in this post and hise has not been subjected ke such inquiry. He/sl	Mrs /Miss								
Date:		Signature of He	ead of Department/Institution								

Signature of Head of Department/Institution (Official Stamp)