

**MINISTRY OF EDUCATION  
STATE MINISTRY OF SKILLS DEVELOPMENT, VOCATIONAL  
EDUCATION, RESEARCH AND INNOVATION**

**CITY UNIVERSITY, KEGALLE CAMPUS**

**APPLICATION FOR THE POST OF MANAGEMENT ASSISTANT**

1. Name in Full : Mr./Mrs./Miss

Name with Initials:

2. Postal Address:

Contact Tel No:  E-mail Address:

3. National Identity Card No:

4. Date of Birth :   
Age as at the closing date:    Years:     Months:     Day:

5. Civil Status:

6. Citizen of Sri Lanka: Yes/No

**7. Qualifications**

a. G.C.E. (O/L) Examination

Year:

Index No:

Subject	Grade

Subject	Grade

b. G.C.E. (A/L) Examination

Year:

Index No:

Subject	Grade



**9. Experience :**

	<b>Designation/ Salary Code</b>	<b>Institute and EPF No.</b>	<b>Period (from/to)</b>	<b>Experience (years/month s/days)</b>	<b>Total Experience (As at the closing date)</b>
a)					
Present					
Occupation (With Salary)					
b)					
Previous					
appointments if any					

**10. Other Achievements (Academic/Professional /Extra-curricular) :**

<b>S. No</b>	<b>Achievement</b>	<b>Year</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**11. Names of two non-related referees with addresses and Contact Nos.**

<u>Name</u>	<u>Address</u>
1. ....	..... ..... ..... .....
2. ....	..... ..... ..... .....

**12.** Have you been convicted of a criminal offence in a Court of Law? If so, give details:

**13.** Whether your services have been previously terminated/suspended? If so, give details:

**14.** Are there any disciplinary orders against you? If so, give details:

**15.** Copies of the following certificates (Not originals) should be attached:

P.S. Applications not supported by copies of these certificates will be rejected

- a) Birth Certificate
- b) Certificates of Educational Qualifications
- c) Certificates of Professional Qualifications
- d) Letters of Experience
- e) Copies of other achievement certificates

I do hereby certify that the particulars furnished by me in this application are true and accurate. I am also aware that, any particulars contained herein are found to be false or incorrect, I am liable to be disqualified before selection or to be dismissed without any compensation if such detection is made after appointment.

Date: .....

\_\_\_\_\_  
Signature of Applicant

