Application for Post of Director/License Management (External) TELECOMMUNICATION REGULATORY COMMISSION OF SRI LANKA

| 1.Name with initials (In English): Mr./ Mrs./Ms |
|---|
| 2.Full Name (In English): |
| 3. Full Name (In Sinhala/Tamil) : |
| 4. Address: |
| 5. Date of Birth: Age as at 29.04.2025 |
| 6. Telephone no.: |
| 7. E- mail Address |
| 8. NIC No: |
| 9. Gender: |
| 10.Educational Qualifications: |
| 11.Professional Qualifications: |
| 12.Experience: |
| 13. If you are in Government service: |
| Organization: |
| Designation: |
| 14.Certificates attached 1 |
| 2 |
| 3 |

15. Declaration of the Applicant:

| (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 stated that all sections of this application completed are true and correct to the best of my knowledge. | |
|--|---|
| Date: | Signature of Applicant |
| 16. Attestation of the Head of the Departme institutions) | ent/ Institution: (for candidates from government |
| is working in this Ministry/Departm and his/laction pending against him/her and no decisi | ment/Institution, is working in the post of the work and conduct are satisfactory, no disciplinary on has been taken to impose any such in the future. In / cannot be released from the service of this institution |
| | |
| Date | Signature of the head of the Department/ Institution |
| Name: | |
| Designation: - | |
| Ministry / Department/Institution: | |
| Official Seal: | |