

(\*Specimen application)

**Ministry of National Policies and Economic Affairs  
National Human Resources Development Council of Sri Lanka**

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Post applied for:

1. Name in Full: Rev/Mr/Mrs/Miss (underline Surname)

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2. Permanent Address:

3. Present Address :

4. Telephone No:  
Mobile No:

5. Business Address:  
Telephone No:

Fax:

E-mail:

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6. Date of Birth:

(a) Age as on closing date of applications

Years:

Month:

Days:

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7. Civil Status:

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8. Citizenship (State whether by registration)

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If by registration, give reference number and date of certificate of citizenship. If by descent state the national Identity card No.

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9(a) National Identity card No: .....

10. Secondary Education:

Name of School/College	From	To	Grade

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11. University Education (First Degree, Postgraduate Degree(s), Ph.D. etc.)

(Please attach copies of all certificates).

University	From	To	Degree/ Diploma	Results (Give class/Grade)

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12. (a) Present post and Institution:

(b) Date of Appointment:

(c) Salary Scale:

(d) Salary Step:

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13. Professional Qualifications

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14. Work Experiences (State previous appointments with post, institution and duration)

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Post	Institution	From	To
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15. Other Qualifications

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16. Any Other Achievements

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17. Research and publications; (If space is insufficient, please use a separate sheet of same size and attached)

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18. Extra-Curricular Activities:

(If space is insufficient, please use a separate sheet of same size and attached)

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19. Other Information: (Attach Curriculum vitae)

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20. Proficiency in Language (Please tick appropriate box)

	Written					Spoken				
	Very Good	Good	Satisfactory	Normal	Weak	Very Good	Good	Satisfactory	Normal	Weak
Sinhala										
Tamil										
English										
Other										

21. Name & address of two non – related referees:

Name :

Name:

Address :

Address:

Contact No:

Contact No:

Email :

Email:

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22. I wish to confirm that the above particulars are true and correct to the best of my knowledge. If any of the particulars are found to be incorrect before or after selection for employment, I am aware that I would be disqualified or be liable for termination of service without compensation.

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Date

.....

Signature of Applicant

**FOR PUBLIC SECTOR CANDIDATES ONLY.**

Application for the post of .....submitted by  
.....is forwarded.

If he/she is selected for the said post, he/she can be released.

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Date:

.....

Signature of Head of the Department

Name:.....

Designation:.....

Date:.....

Seal: