MINISTRY OF URBAN DEVELOPMENT, CONSTRUCTION AND HOUSING **Middle Income Housing Project** Application for the Post of Name in Full (Please underline the 1. surname): 2. **Contact Details** i. Address (Office): ii. Address (Residence): iii. Telephone (Office): vi. Telephone (Res | Mobile): v. Fax: vi. Email (Personal): 3. **Current Employment:** i. Institution: ii. Position: iii. Appointment Date: National Identity Card | Passport 4. Number: 5. i. Gender: Male / Female Married/Unmarried/Widow/Separated ii. Civil Status: 6. i. Date of Birth: Date:......Year...... ii. Age as at closing date of applications: Date:.......MonthYear.... 7. State whether a citizen of Sri Lanka? By descent / by registration

¹ Please clearly indicate the Post which you are applying for, otherwise the application will not be considered. If applying for multiple posts use separate applications

08.	Educational Qualifications:		Use a separate sheet if the space provided is inadequate		
	Degree	Year	Main Subject(s)	University	/ Institution
09.	Professional Qualifications:		Use a separate sheet if the space provided is inadequate		
	Qualification	Year	Institut	cion	Membership No.
10.	Experience: i. Organization:		Use a separate sheet if the space provided is inadequate		
			ii. Service Period:		

11.	Experience in handling similar type of projects:			
	Use a separate sheet if the space provided is inadequate			
12.	Contribution made to the relevant field			
	Use a separate sheet if the space provided is inadequate			
13.	Other Relevant Details (If any):			
	accurate. I'm aware that if any partic and incorrect, before selection, I'm	furnished by me in this application are true and ulars contained in this application found to be false liable to disqualify for the selection and if found l be dismissed without any compensation.		
	Date:	Signature of the Applicant		
14.	Attestation of the Applicant's Signature:			
	known to me and he/she has place	the who applies for the post of the is personally, d his/her signature on in my		
	presence.			
	Date:	Signature of the Attester		
		Signature of the Attester		
	Date:	Signature of the Attester		
	Date: Place:	Signature of the Attester		
Att	Date: Place: Full Name of the Attester: Address testation of the Head of the Department	Signature of the Attester ent/Institution (To be filled only by the state sector cations through respective organizations)		
Att 15	Date: Place: Full Name of the Attester: Address testation of the Head of the Department applicants who submit their applies of the presently working in this Ministry,	ent/Institution (To be filled only by the state sector cations through respective organizations) application of		
	Date: Place: Full Name of the Attester: Address testation of the Head of the Department applicants who submit their applies I hereby recommend and forward the presently working in this Ministry, certify that his work and conduct are s	ent/Institution (To be filled only by the state sector cations through respective organizations) application of		