MINISTRY OF URBAN DEVELOPMENT, CONSTRUCTION AND HOUSING Support to Colombo Urban Regeneration Project (AIIB)

Application for the Post of					
1.	Name in Full (<i>Please underline the surname</i>):				
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 :				
4.	National Identity Card Passport Number:				
5.	i. Gender:	Male /	Female		
	ii. Civil Status :	Marrie	d/Unmarr	ied/Widow/Separated	
6.	i. Date of Birth :	Date:	Month	Year	
	ii. Age as at closing date of applications:	Date:	Month	Year	
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	y Institution
09.	Professional Qualifications:		Use a separate sheet ij	f the space prov	rided is inadequate
	Qualification	Year			Membership No.
	Qualification	Tear	mstitutio) ii	Membership Ivo.
10.	Experience:		Use a separate sheet ij	f the space prov	rided is inadequate
	i. Organization:		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):	
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	accurate. I'm aware that if any particular and incorrect, before selection, I'm	furnished by me in this application are true and alars contained in this application found to be false liable to disqualify for the selection and if found be dismissed without any compensation.
	accurate. I'm aware that if any particular and incorrect, before selection, I'm	lars contained in this application found to be false liable to disqualify for the selection and if found
14.	accurate. I'm aware that if any particular and incorrect, before selection, I'm subsequently to the appointment, I wil	alars contained in this application found to be false liable to disqualify for the selection and if found be dismissed without any compensation. Signature of the Applicant
14.	accurate. I'm aware that if any particular and incorrect, before selection, I'm subsequently to the appointment, I will Date: Attestation of the Applicant's Signat I hereby certify that	alars contained in this application found to be false liable to disqualify for the selection and if found be dismissed without any compensation. Signature of the Applicant ure: who applies for the post of
14.	accurate. I'm aware that if any particular and incorrect, before selection, I'm subsequently to the appointment, I will Date: Attestation of the Applicant's Signat I hereby certify that	alars contained in this application found to be false liable to disqualify for the selection and if found be dismissed without any compensation. Signature of the Applicant ure:
14.	accurate. I'm aware that if any particular and incorrect, before selection, I'm subsequently to the appointment, I will Date: Attestation of the Applicant's Signat I hereby certify that	alars contained in this application found to be false liable to disqualify for the selection and if found be dismissed without any compensation. Signature of the Applicant ure: who applies for the post of the
14.	accurate. I'm aware that if any particular and incorrect, before selection, I'm subsequently to the appointment, I will Date: Attestation of the Applicant's Signat I hereby certify that	Signature of the Applicant who applies for the post of the

	Address				
Attestation of the Head of the Department/Institution (To be filled only by the state sector applicants who submit their applications through respective organizations)					
15	I hereby recommend and forward the application of				
	Date:	Signature of the Head of the Department			
	(Official Seal)				