Application Form

Post of Project Secretary (MSD 01/2019 - PS6 Category A)

Job Title [   ] **(Please specify the post applied)**

A. Personal Information

1. **Full Name**   : …………………………………………………………..

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2. **Name with Initials**   : …………………………………………………………..

3. **Address**   : …………………………………………………………..

4. **Date of Birth**   : …………………………………………………………..

5. **NIC No**   : …………………………………………………………..

6. **Contact Details**   : …………………………………………………………..

7. **Email**   : …………………………………………………………..

8. **Current Position/ Institution** : …………………………………………………………..

B. Educational/ Professional Information

1. **Diploma or Any Other Higher Qualifications (Certified copies should be attached/ If you need please use a separate paper)**

SN	Institution	Name of the Course	Year	Subjects

2. **Any Other Professional Qualifications (Certified copies should be attached/ If you need please use a separate paper)**

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3. **Other Skills and Competencies**

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| C. *Working Experience* (If you need please use a separate paper) |

SN	Institution	Job Title	Duration	Duties Performed

Declaration of the Applicant

I do hereby declare that the particulars furnished by me in this application are true and accurate. I am also aware of the fact that if the particulars furnished by me are found to be false or incorrect, I am liable to disqualification if detected before selection and, to dismissal without any compensation if detected after appointment.

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Date   **Signature of the Applicant**

Recommendation of the Head of the Department. (Applicable only for the public sector employees)

I do hereby certify that the foregoing particulars furnished by Mr/Mrs/Miss ..…………………………….. holding the post of …………………………………………….in this Department/ Institution have been verified and the said particulars are found to be true according to the personal file of the said officer. I certify that he/she has been confirmed in the post and his/her work and conduct are satisfactory and that he/she has not been subjected to any disciplinary action or there is no intention to make such action. He/she can be released from the service if selected to this post with/without replacement. (Please strike off the irrelevant words)

…………………………   ……..……………………………………………..

Date   **Signature and Seal of the Head of the Department**