Application for the Post of Scientific Officer

1.0	Personal Information: 1.1 Name with Initials at the end (In English block capitals): -						
	(Ex : GUNAWARDHANA H.M.S.K)						
	1.2 Name in full (In English block capitals) :						
	(Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)						
	1.3 Name in full (In Sinhala/Tamil) :-						
	1.4 Permanent Address (In Sinhala/Tamil) :-						
	1.5 Permanent Address (In English block capitals) :-						
	1.6 Gender:-						
	1.7 Marital Status:						
	1.8 National Identity Card No:						
	1.9 Date of Birth: - Date Month Year						
	1.10 Telephone No(Home) :						
	Mobile No:						
	1.11 District:						
	1.13 Grama Niladari Division :						
	1.14 Email Address:						

2.0	Edu	cational Qualifications: -
	2.3	(i) Date of Graduation:-
		(ii) University:
		(iii) Registration Number:-
		(iv) Internal / External:
		(v) Degree:
		(vi) Subjects: -
		(vii) Class:
		Upper / Lower:
		(viii) Language Medium of Examination:
		(ix) Post Graduate Diploma/Degree Details:
		(x) Name of the Post Graduate Diploma/Degree: -
		(xi) Date of obtaining Post Graduate/Degree:-
		(xii) Subject in Post Graduate Diploma / Degree:
3.0	Prof	fessional Qualifications and experience: -
4.0	Oth	er Educational Qualifications: -

5.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

6.0 **Declaration of the Applicant**:

(a) I respectfully declare that the particulars furn	ished by me in this application are true and
correct to the best of my knowledge. I agree to bea	r the loss which may occur due to incomplete
and /or incorrect completion of any part of this ap	plication. Further, I state that, all sections of
this application completed are true and correct to	the best of my knowledge.
(b) I shall not subsequently change any information	n stated above.
Date	A pplicant's Signature
שמוכ	Applicant 3 Signature

Designation:

Address:

8.0	(This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution:							
	I hereby certify that Mr./Mrs./Miss							
	who is working in this ministry/department/institution, is working in the							
	post of and his/her work and conduct are satisfactory, no							
	disciplinary action pending against him/her and no decision has been taken to impose any such							
	in the future. If he/she will be selected for this post, he/she can/cannot be released from the							
	service.							
	Date							
	Signature of the Head of the Department or Authorized Officer.							
	Department of Authorized Officer.							
	Name:							
	Designation:-							
	Ministry / Department:-							