

FORM OF APPLICATION (B)

	POST APPLIED FOR: Swimming Pool Supervisor (Grade III)			
1.	Name in Full: Rev./Mr./Mrs./Miss [Une [If registered as a student in a University under a please indicate such name within brackets]			
2.	Postal Address [Any change should be communicated immedian	ely]		
3.	Contact Telephone No.	E-mail -		
		Fax No		
4.	Date of Birth & Age [Please attach copy of Birth Certificate]			
 5.	Nationality			
6.	Civil Status			

7. Whether Citizen of Sri Lanka

[State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]

8.	School/s	Attended			<u>From</u>	<u>To</u>
	1.					
	2.					
	3.					
9.			ns [Please at	tach copies	of all relevant certifica	utes]
9.1		/L) Examination				
	<u>Year</u>	Index No.	<u>Subjects</u>			<u>Grades</u>
9.2	CCF(A	/L) Examination				
9.2	Year	Index No.	Subjects			<u>Grades</u>
			<u></u>			
9.3	University	Education				
	Degree/Dip	<u>loma, etc. & </u>	<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam
	Name of th	e University				& Results [Give Class / Grade]
10.		ualifications	oh conice of a	ll rolovent (partificatos]	
	[1 10108810]]	al, etc. – Please attac	in copies of a	n ieieväiil (Comments]	

11.	[Indi	demic Distinctions, Scholarships, Medals, Prizes, etc., cate the Institution from which such awards have been obtained – Please attach copies of ant certificates]
12.	Pro	ficiency on Languages : Highest Examination passed in,
		Sinhala -
		Tamil -
		English -
13.	(b) <u>Depa</u>	Present Occupation: 1. Post: 2. Date of appointment to such post: 3. Whether confirmed in the present post: 4. Place of work: 5. Salary scale of the post: 6. Present salary: (a) Salary Step- (b) Allowances- Previous Employments, if any, with dates and periods artment/ Institution Post From To Reasons for Leaving
	(c)	Particulars of Bond Obligations to Higher Educational Institutions/Institutes if any:
		(i) Obligatory Period:
		(ii) Amount Due :

14 .	Extra Curricular Activities
15 .	Any other relevant particulars
	[Not included above]
16 .	Names of two non related referees
	[With positions and addresses]
	Name Address
	1.
	2.
17.	Where a period of experience is a requirement for the post applied, state period
	of such experience with details:

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.				
Date	Signature of Applicant			
[TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE]				
(a) Is the applicant on probation?	Yes / No			
(b) Was any disciplinary action taken a the applicant?	against Yes / No			
(c) I recommend/ not recommend the application.				
Date	Signature of Head of Department			
Note: If space not sufficient to enter the attach to the end.	details under each column use a separate sheet and			
	I am aware that if any of these particulate disqualified before selection and inaccuracy is detected after appointment. Date [TO BE COMPLETED BY THE HEA] (a) Is the applicant on probation? (b) Was any disciplinary action taken at the applicant? (c) I recommend/ not recommend the applicant?			