(For office use only)	
1 11	

Application for the Post of Management Assistant

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:
1.12 Electorate Division:-
1.13 Grama Niladari Division :
1.14 Email Address:

	onal Qualifications:-				
G. C.	E. (O/L) Examination: Year Subject	: Grade	<u></u>	Index No : Subject	Grad
1.	•		6.	,	
2.			7.		
3.			8.		
4.			9.		
5.			10.		
J.			10.		
3 C E	E. (A/L) Examination: Year:	_		Index No :-	
J. C. L	Subject			Grade	••••••
	Subject			Grade	
	Auglifications:				
her Q	(uaiiiiCatiOiis				
perien		work and manag	erial w	ork:-	
perien	nce obtained in secretarial	work and manag	gerial w	ork:	

5.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

6.0

6.0 Declaration of the Applicant :	
the best of my knowledge. I incorrect completion of any application completed are true	e particulars furnished by me in this application are true and correct to agree to bear the loss which may occur due to incomplete and /or part of this application. Further, I state that, all sections of this ue and correct to the best of my knowledge. ge any information stated above.
 Date	Applicant's Signature
7.0 Attestation:	
I do hereby certify that Mr./Mrs is personally known to me and p	./Miss placed his/her signature in my presence on
Date	Signature of Certifying Officer (Either a JP or an Executive Officer of a Government Institution)
Name:	
Designation:	
Address:	

8.0 (This part is applicable only for candidates who engathe head of the Department/ Institution:	ge in government employment) Attestation of
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 condu	uct are satisfactory, no disciplinary action pending
against him/her and no decision has been taken to	o impose any such in the future. If he/she will be
selected for this post, he/she can/cannot be released	d from the service.
Date	Signature of the Head of the Department or Authorized Officer.
Name: Designation:	
Ministry / Department:	