

## PARLIAMENT OF SRI LANKA

## Specimen Application Form Post of Deputy Co - ordinating Engineer

01.	(a)	Name with initials (in Sinhala/Tamil):													
	(b)	Names denoted by initials (	in Sin	hali	a/Ta	mil)									
	(c)	Full Name (in block Capita	ls): M	r./\	 Ars./	 Miss		•••••							
02		NIC			•••••		•••••			•••••				•••••	
02.		N.I.C													
03.	(a)	Private Address:								•••••					
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		Telephone No:	•••••	······	T	· · · · · · · · · · · · · · · · · · ·	 [	 I	 T	 T	Τ	 T	 T	 7	•••••
	(b)	Official Address:													
	(0)														····
				• • • •								••••		• • • •	
		Telephone No													
	(c)	Please indicate the address	the ad	mis	sion	to be	post	ed.							
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<i>04</i> .	(a)	Date of birth:	(	A c	ору	of the	e birt	h Ce	rtıfı	cate	sho	uld	be a	ttac	hed)
	(b)	Age as at closing date for ap	pplicat	tion	s: Ye	ears:		Mo	nths	s:	••••	Day	ıs:		
<i>05.</i>	Civi	il Status: (Married/Unmarried)													
0 <i>6</i> .	Gen	der: (Male/Female)													
<i>07.</i>	State	e whether a citizen of Sri Lan	ka: (Y	es/1	Vo)										
08.	Higher Educational Qualifications: (Copies of the certificates should be attached)														
	Degree			University				I	Effective date						
0	D (														
9.	Professional Qualifications ( copies of the certificates should be attached ):														
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	••••				•••••					•••••	•••••	•••••	•••••	•••••	
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	Institution	n	Post	Service Period								
11.	Details of Present Employment: (a) Name and Address of the Institution:											
	(b) Present Post:											
	` '											
	` '	·										
	(f) Gross Salary:											
12.	If yes, give details	:										
13.	Have you served under the Government before? (Yes/NO)  If yes, give details:											
Ü	mpensation if such	detection is	made after appointment									
Dute: .				Signature of the Applicant								
	<u>Certif</u>	ication of l	Head of Department	<u>Institution</u>								
((	Only for applican	ts serving i	n the Public Service/P	rovincial Public Service)								
Secret	ary - General of Pa	rliament,										
				holding the . I certify that he/she has been								
confiri been s	med in this post an subjected to any d	ıd his/her wo İsciplinary a	ork and conduct are satis	factory and that he/she has not tention to make such inquiry.								
			Signature of I	Head of Department/Institution (Official Stamp)								
Date: .				(Official Statip)								

Experience (Copies of the Certificates Should be attached)

10.