

(For office use only)

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### 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: 

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1.9 Date of Birth: - Date 

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 Month 

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 Year 

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1.10 Telephone No(Home) : 

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Mobile No: 

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1.11 District:- .....

1.12 Electorate Division:- .....

1.13 Grama Niladari Division :- .....

1.14 Email Address:- .....

2.0 Educational 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 Professional Qualifications and experience: -

4.0 Other 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 furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and /or incorrect completion of any part of this application. 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 stated above.

.....  
Date

.....  
Applicant's Signature

**7.0 Attestation:**

I do hereby certify that Mr./Mrs./Miss .....  
..... is personally known to me and 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 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.

Name: .....

Designation:- .....

Ministry / Department:- .....