

**Application for the**

**POST OF DIRECTOR**

**\* Mandatory**

**1. \* Title :**

 **\* Surname :**

 **\* Initial :**

 **\* Other Names Denoted :**

 **by initials**

 **\* Gender :**

 **\* Civil Status :**

 **\* NIC :**

 **\* Date of Birth :**

 **\* Nationality :**

 **\* Present Address :**

 **\* District :**

 **\* Contact Nos. : Mobile –**

 **Home –**

 **Office –**

 **\* Email :**

 **2. \*Educational Qualifications**

* **G.C.E. Advanced Level**
	+ Year:
	+ School:
	+ District:
	+ Results
* **University Attended- 1st Degree**
	+ Effective Date:
	+ University:
	+ Stream:
	+ Specialization:
	+ Grade/Class:
* **University Attended- Post Graduate Degree**
	+ Effective Date:
	+ University:
	+ Stream:
	+ Specialization:
	+ Grade/Class:

**3. \*Professional Qualifications**

|  |  |
| --- | --- |
| **Institution/ University/Other** | **Description/Qualification** |
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| --- | --- | --- | --- |
| **Institute** | **Period of Service** | **Designation** | **Reasons for Leaving** |
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**4. \*Work Experience**

**5. Other Achievements**

(Please list out professional memberships, committees, etc.)

**6. \*Details of two non-related referees:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Tel.No** |
|  |  |  |
|  |  |  |

**7. 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 that 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

**8. (For candidates currently employed in Government/Statutory Boards/Corporations only)**

**Attestation of the Head of the Institution:**

I hereby certify that Mr./Mrs./Miss/Dr/Prof ………………………………………, who is working in this Institution, holds the post of ……………………………. His/her work and conduct are satisfactory. No disciplinary action is pending against him/her, and no decision has been taken to impose any such in the future. If he/she is selected for this post, he/she can/cannot be released from the service.

Date …………………………… …………………………………
 Signature of Head of the Institution

Name:

Designation: -

Institution: -