Reference Number (NIC Number)

Application for the Post of
MANAGEMENT ASSISTANT (NON- TECHNOLOGICAL)

* 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 Ordinary Level

Year   Index Number

School

District

Results (1ˢᵗ Attempt)

Subject	**Grade**
1. Sinhala / Tamil	
2. English	
3. Mathematics	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

G.C.E Advance Level

Year   Index Number

School   Stream

District

Results (1ˢᵗ Attempt)

Subject	**Grade**
1.	
2.	
3.	
4.	

3. *** 06 Months Certificate Course in Computer Application from Recognized Institute**

Institution/ University	Description

4.   **Other   Qualifications:**

5.   **Working Experience:**

Institute	Period of Service	Appointment
1.		
2.		

6.   **Other extra Activities:**

7.   **Two Non related Referees:**

Name	Address	Tel.No

8. 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

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9. (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 / Board:- ....