

Your Photograph

**Application for the Post of
MANAGEMENT ASSISTANT**

*** 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. (O/L) examination

Year

School

District

Results (1st Attempt)

Subject	Grade
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

* G.C.E Advance Level

Year

School

District

Results (1st Attempt)

Subject	Grade
1.	
2.	
3.	
4.	

3. * 6 Months certificate course in computer applications from a recognized institute

Institution	Description

4. Professional Qualifications:

Institution	Description

5. Working Experience related to the post :

Institute	Period of Service	Designation	Reasons for Leaving
1.			
2.			
3.			

5. Other extra Activities:

6. * 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 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

8. (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:-