PARLIAMENT OF SRI LANKA

APPLICATION FOR THE POST OF SKILLED LABORER (CIVIL)

01.	(a)						
	(b)	Names denoted by initials (in Sinhala/Tamil):					
	(c)	Full Name (in block Capitals): Mr./Mrs./Miss					
02.		National Identity Card Number					
03.	(a)	Private Address:					
		Telephone No:					
	(b)						
	(c)	Please indicate the address where the admission to be posted Private □ Office □					
04.	(a)	Date of birth:(A copy of the birth Certificate should be attached):					
	(b)	Age as at 15.03.2018: Years: Months: Days:					
0 <i>5</i> . 0 <i>6</i> .		vil Status:					
0 <i>7</i> .		te whether a citizen of Sri Lanka :					
08.	Educational Qualifications: (Copies of the certificates should be attached):						
		Exam	Subject	Result	Year		
			Sinhala/ Tamil				
			Mathematics				
		G. C. E	English				
		O.C.E O/L					
		O/L					

09.	Professional Qualifications (copies of the certificates should be attached):				
10.	Experience (copies of the certificates should be attached)				
11.	Details of (a) Nam (b) Date (c) Pres (d) Mon (e) Allo	Present Employment: ne and Address of the Ins e of first Appointment: ent Post: nthly Basic Salary:	titution:		
1 <i>2</i> .	Have you been convicted for a criminal offence by a Court of Law?				
1 <i>3</i> .	Have you served under the Government before?				
correct contai	t. I am also ned herein a	aware that, I am liable	turnished by me in this application are true and to be disqualified for this post if any particulars ecorrect before selection, or to be dismissed without the after appointment.		
Date:			Signature of the Applicant		
		Certification of Head	d of Department/Institution		
(0	Inly for ap	plicants serving in the	Public Service/Provincial Public Service)		
Secret	ary General	l of Parliament,			
post of condu- there i	f ct are satisf s no intent	factory and that he/she h	of Mr / Mrs /Missholding the in this Institution. I certify that his/her work and as not been subjected to any disciplinary action or y. He/she can be released/cannot be released from .		
		Si	ignature of Head of Department/Institution (Official Stamp)		
Date:					