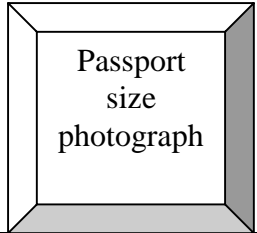


APPLICATION FORM

App. ID _____
(For official use only)



ELIGIBILITY CRITERIA

A. Is your age according to the post advertised on _____
 B. Do you have relevant / prescribed **qualification / experience** as mentioned in **advertisement?** Yes No

If your reply is "Yes" to A & B above, only then please proceed further. Otherwise you are not eligible to apply.

PERSONAL INFORMATION

Post Applied For			
Name			
Father's Name			
Date of Birth			
Religion			
NIC No.			
Disability (if any)			
Place of domicile	Province	District	
Present / Postal Address			
E-Mail Address (if any)			
Telephone No.			
Mobile No.			

QUALIFICATION

DEGREE	SUBJECT	YEAR OF PASSING	RESULT DECLARATION DATE			BOARD / UNIVERSITY	DIV / GPA
			DAY	MONTH	YEAR		

EXPERIENCE (IF ANY)*

ORGANIZATION	PERIOD DATE		FIELD OF WORK	DESIGNATION
	FROM	TO		

* Add extra sheet if required.

Signature _____