

NATIONAL DANGEROUS DRUGS CONTROL BOARD

SPECIMEN APPLICATION FORM

(Please fill in English only)

APPLICATION FOR THE POST OF

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| | | |
|---|--------------------------------------|---|
| Exam Medium: Sinhala <input type="checkbox"/> | Reference No. <input type="text"/> | Internal Applicant <input type="checkbox"/> |
| Tamil <input type="checkbox"/> | (Successfully Submitted Google Form) | (work in NDDCB) |
| (Put a tick in the right box) | | External Applicant <input type="checkbox"/> |

1. Name in Full :
2. Name with Initials :
3. Permanent Address:.....
4. Present Address:.....
5. Contact No:..... 6. N.I.C.No:
7. Date of Birth:..... 8. Age:.....
9. Gender: 10. Marital Status:.....
11. Nationality:..... 12. Religion:.....
13. District :..... 14. Div.Sec:.....
15. Grama Niladhari Division:.....
16. School :.....

17. Educational Qualifications:

| G.C.E.(O/L) Examination: | | | |
|--------------------------|--|-----------------|--|
| Year: | | Index No: | |
| 1. | | 7. | |
| 2. | | 8. | |
| 3. | | 9. | |
| 4. | | 10. | |
| 5. | | 11. | |
| 6. | | 12. | |

| G.C.E.(A/L) Examination: | |
|-----------------------------|--|
| Year: Index No: | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

18.

| Degree | University | Effective Date |
|--------|------------|----------------|
| | | |
| | | |
| | | |

19.

| Diploma | Institute | Year |
|---------|-----------|------|
| | | |
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| | | |

20. Other Higher Educational Qualification

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21. Professional Qualifications:

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22. Other Qualifications:

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23. Experience (In order from current Occupation)

| Designation | Organization | From | To | Experience (Years & Months) |
|-------------|--------------|------|----|-----------------------------------|
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24. Referees:

(i) Name :..... (ii) Name :

Position :..... Position :.....

Address Address :.....

.....

Tele:..... Tele:.....

I do hereby agree with the conditions mentioned in the advertisement and certify that the above mentioned particulars are true and correct to the best of my knowledge.

Date:.....

.....

Signature of the Applicant

I hereby certify that Mr./ Mrs./ Miss..... bearing National Identity No. is working in this ministry/ department/ institution/ board, currently working as and his/ her work and conduct are satisfactory, no disciplinary actions pending against him/ her. If he/ she will be selected for this post, he/ she can/ cannot be released from this organization.

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Signature of the Head of the Department

Date :-

Name :-.....

Designation :-.....

25. Please Attach Bank Slip