				Ар	plication No	D.	
	Office Use Only				Call Up No	b.	
	Office Use Only O/L Exam	Engli	sh		A/L Exam	•	
	Experience		tary Course		NVQ Lev		
l							
	Qualified	Not					
	Reason						
		T & AVIATION S DARANAIKE IN)
	APPLICATION	FOR THE POS			RY GR. IV SECRETA	RY	
01]Title : Mr 🗌	Mrs	Miss				
	Last Name:						
	Initials with Last						
	Name						
	Full Name as in :						
	NIC (In Block Letters)						
02	NIC No:			Date of Iss	ue: Date	Month	Year
	Date Of Birth : Date	Month	Year	Age as at 1	8/02/2025: [year	Month
	Gender: Male	Female	Natio	nality:			
	Marital Status :	Single	Married	Divorced	Wido	w 📃	
03	Contact Details						
	Permanent Address :						
	City/Town:Postal Code : Telephone Numbers Home:Mobile No:						
	Office :	e	e-Mail:				
	District :		Prov	ince :			

(<u>Important</u> -. Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

05 **Academic Qualifications (Copies of certificates should be attached**)

:

GCE(O/L)

Subject	Grade	Index No	Year

06

07

G C E (A/L) (Copies of certificates should be attached)

Index No :		Year :	
Subject	Grade	Subject	Grade

a) Professional Qualifications in Secretarial Practice (*Copies of certificates should be attached*)

Name of the Institute	Name of the Course	Period		Effective
				Date
		From	То	
		(dd/mm/yyyy)	(dd/mm/yyyy)	

b) Speed of English Typewriting - w.p.m.

Speed of Sinhala Typewriting - w.p.m

04

Work Experience (Copy of Service certificate or Appointment Letter should be attached)

Name of the	Position held	Per	No of years /Months	
Organization		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

10

Details of two non related referees:

No.	Name	Designation ,Official Address & Tele. Nos.	Residential Address & Tele. Nos.		

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Signature of the applicant:		Date:	
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08

09