Application Form for the Post of .....

Sugathadasa National Sports Complex Authority

1.0 Personal Information

1.1 Name with initials (Initials at the end) *(In English CAPITAL letters)*:

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1.2 Full Name *(In English CAPITAL letters)*:

.....

1.3 Full Name *(In Sinhala/Tamil)*:

.....

1.4 Permanent Address *(In Sinhala/Tamil)*:

.....

1.5 Permanent Address *(In English CAPITAL letters)*:

.....

1.6 Gender: .....

1.7 Marital Status: .....

1.8 Nationality: .....

1.9 National Identity Card (NIC) Number: .....

1.10 Date of Birth: Year: ..... Month: ..... Day: .....

1.11 Telephone Number: .....

1.12 Email Address *(In English CAPITAL letters)*:

.....

1.13 District: .....

1.14 Electoral Division: .....

1.15 Grama Niladhari Division: .....

2.0 Educational Qualifications

2.1 Degree Qualification

i. Degree: .....

ii. Date Awarded: .....

iii. University/Institution: .....

iv. Date of Validity: .....

2.2 Postgraduate Qualification

i. Postgraduate Degree: .....

ii. Date Awarded: .....

iii. University/Institution: .....

iv. Date of Validity: .....

2.3 Associate Membership of a Recognized Professional Institution

i. Professional Qualification: .....

ii. Institution: .....

iii. Date of Validity: .....

2.4 Additional Educational / Professional Qualifications

i. Educational / Professional Qualification:

.....

ii. Institution: .....

iii. Date of Validity: .....

3.0 Professional Qualifications

.....

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.....

4.0 Other Qualifications

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.....

.....

5.0 Work Experience

No.	Position	Period	Institution
1			
2			

No.	Position	Period	Institution
3			
4			
5			
6			

6.0 Details of Two Non-Relative Referees

No. Name / Telephone Number Designation Address

1

2

7.0 Declaration by the Applicant

(a) I hereby declare that the information furnished in this application is true and correct to the best of my knowledge and belief. I agree to bear any consequences arising from failure to complete any part of this application or from providing incorrect information. I further declare that all sections of this application have been completed accurately to the best of my knowledge.

(b) I shall not alter any information provided in this application at a later date.

Applicant's Signature: .....

Date: .....

8.0 Certification by the Head of Department / Ministry

(Applicable only if the applicant is employed in the Central Government or Provincial Public Service.)

This is to certify that Mr./Mrs./Miss ..... is presently employed in this Ministry/Department as …….....
on a **permanent / temporary / casual** basis, and that **he/she can / cannot** be released from service if selected for the above post.

Head of Institution's Signature:

.....

(Official Seal)

Name: .....

Designation: .....

Address: .....

Date: .....