

Application for the Post of Legal Officer of the Department of Probation & Child Care Services

1.0 Personal Information:

1.1 Name with Initials at the end (In English block capitals) :-

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(Ex : GUNAWARDHANA H.M.S.K)

1.2 Name in full (In English block capitals) :-

.....

(Ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.3 Name in full (In Sinhala/Tamil) :-

.....

1.4 Permanent Address (In Sinhala/Tamil) :-

.....

1.5 Permanent Address (In English block capitals) :-

.....

1.6 Gender:-

1.7 Marital Status:-

1.8 Ethnic Group :-

1.9 National Identity Card No: 1.10 Date of Birth: - Date Month Year 1.11 Telephone No :

1.12 District:-

1.13 Electorate Division:-

1.14 Grama Niladari Division :-

1.15 Email Address:-

2.0 Educational Qualifications:-

	Degree	University / Institution	Class (Upper / Lower)	Date of Graduation
1.				
2.				
3				
4				

3.0 Professional Qualifications:-

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.....

.....

4.0 Other Qualifications:-

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.....

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5.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

6.0 Declaration of the Applicant:

(a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and /or incorrect completion of any part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge.

(b) I shall not subsequently change any information stated above.

.....
Date

.....
Applicant's Signature

8.0 (This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution:

I hereby certify that Mr./Mrs./Miss
..... who is working in this ministry/department/institution, is working in the post of
..... and his/her work and conduct are satisfactory, no disciplinary action pending

against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service.

Date

.....
Signature of the Head of the
Department or Authorized Officer.

Name:

Designation:-

Ministry / Department:-