## PARLIAMENT OF SRI LANKA POST OF DIRECTOR (CATERING & HOUSEKEEPING SERVICES)

01.	(a)	Name with initials (in Sinhala/Tamil):						
	(b)	Names denoted by initials (in Sinhala/Tamil):						
	(c)	Full Name (in block Capitals): Mr./Mrs./Miss						
02. 0 <i>3</i> .	(a)	National Identity Card Number Private Address:						
	(b)	Official Address:						
	(c)	Please indicate the address the admission to be posted  Private   Office						
) <i>4</i> .	(a)							
(b) Age as at August 09, 2018: Years: Months: Do 05. Civil Status:					C			
06.								
0 <i>7</i> .		Sex :						
08.	Edu	ducational Qualifications: (Copies of the certificates should be attached):						
		Examination	Subject	Pass	Year			
		G. C. E						
		(O/L)						
		Examination	Subject	Pass	Year			

G. C. E (A/L)

	Degree	Stream	Pass	Year			
9.	Professional Qualifications ( copies of the certificates should be attached ):						
10.	Experience ( copies of the certificates should be attached )						
	Experience (copies of the certificates should be utilicated)						
11.	Details of Present Employment						
11.	Details of Present Employment:  (a) Name and Address of the Institution:						
		·					
	(d) Monthly basic Salary:						
	(e) Allowances:						
	(f) Gross Salary:						
	·						
12.	Have you been convicted for a criminal offence by a Court of Law?						
	If yes, give details:						
40							
13.	Have you served under the Government before?						
	If yes, give details:						
	•••••			•••••			
correc conta	hereby certify that the part. I am also aware that, ined herein are found to b	I am liable to be dis e false or incorrect be	equalified for this post efore selection, or to be	if any particulars			
my c	ompensation if such detec	tion is made after app	pointment.				
Date:							
			Signatu	re of the Applicant			

## Certification of Head of Department/Institution

## (Only for applicants serving in the Public Service/Provincial Public Service/Government Corporations/Statutory Boards)

Secretary General of Parliament,					
I recommend and forward the application of Mr / Mrs /Miss					
	Signature of Head of Department/Institution (Official Stamp)				
<i>Date:</i>					