PARLIAMENT OF SRI LANKA POST OF PARLIAMENTARY INTERPRETER (ENGLISH/TAMIL/ENGLISH) AND PARLIAMENTARY INTERPRETER (SINHALA/TAMIL/SINHALA)

01.	(a)	Name with initia	ls (in Sinhala/Tamil)					
	(b)	Names denoted by initials (in Sinhala/Tamil):						
	(c)	Full Name (in block Capitals): Mr./Mrs./Miss						
02. 03.	(a)	Private Address:	Card Number					
	(b)	Telephone No: Official Address:						
	(c)	Telephone No:	e address the admiss					
) <i>4</i> .	(a)	Date of birth: Certificate should	l be attached)	(A co	py of the birth			
	(b)	Age as at August 09, 2018: Years: Months: Days:						
0 <i>6</i> . 0 <i>7</i> . 08.	Sex Stat	Civil Status: Sex: State whether a citizen of Sri Lanka: Educational Qualifications: (Copies of the certificates should be attached):						
		Examination	Subjects	Pass	Year			
		G. C. E (O/L)						
		Examination	Subjects	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)						
11.	Details of Present Employment:						
			e Institution:				
	(b)		nt:				
	(c)						
	(d)	e e					
	(e)						
	<i>(f)</i>	Gross Salary:					
12.	Have you been convicted for a criminal offence by a Court of Law?						
42							
13.		Have you served under the Government before?					
	, ,						
correc conta	t. I an ined h	m also aware that, I am l	ars furnished by me in this application are true and iable to be disqualified for this post if any particulars or incorrect before selection, or to be dismissed without made after appointment.				
Date:			Signature of the Applicant				
		Certification of	Head of Department/Institution				
	(O		ng in the Public Service/Provincial Public nt Corporations/Statutory Boards)				
Secre	tary G	General of Parliament,					
I reco	mmen	ed and forward the applica	tion of Mr / Mrs /Miss holding the				
condu	ct are is no	satisfactory and that he/s	in this Institution. I certify that his/her work and she has not been subjected to any disciplinary action or aquiry. He/she can be released/cannot be released from				
			Signature of Head of Department/Institution (Official Stamp)				
Date:							