					Application No	
	Office Use Only				Call Up No	
	O/L Exam		English		A/L Exam	
	Experience		Training Cour	ses	Typing	
	Qualified	Not				
	Reason					
•					IKA)(PRIVATE) PORT, KATUNA	
		ON FOR TH	-	SECRE	·	
01	Title : Mr	r Mrs	Miss			
	Last Name:					
	Initials with Last					
	Name					
	Full Name as in :					
	NIC (In Block Letters)					
	NIC No:			Date of	Issue:	
02	NIC NO.				Date	Month Year
	Date Of Birth : Da	ate Month	Year	Age as a	at 06/02/2024:	year Month
	Gender: Mal	le Fem	aleN	Nationality:		
	Marital Status :	Single	Married	Divor	ced Widow	v
03	Contact Details					
	Permanent Address :	:				
	City/Town:			Postal Cod	le :	
	Telephone Numbers Home:			Mobile No		
	Office :		e-Mail:			
	District :			Province :		

					
	ations (Copies of certif	ficates should be a	nttached)		
G C E (O/L) Subject	Grade	Index No		Year	
GCE(A/L)(Copies Index No	s of certificates should in a second of the	be attached) Year	:		
	Grade		:	Grade	
Index No	:	Year	:	Grade	
Index No	:	Year	:	Grade	
a) Professional Quali	Grade Grade	Subject Practice (Copies of	of certificates	should	
a) Professional Quali	: Grade	Year Subject	of certificates	should	
a) Professional Quali	Grade Grade	Subject Practice (Copies of Per	of certificates	should I	
a) Professional Quali	Grade Grade	Per From	of certificates	should L	

- w.p.m

Speed of Sinhala Typewriting

	Work Experience	Position held	Per	No of years /Mon	
	Organization		From (dd/mm/yyyy)	To (dd/mm/yyyy)	-
No.	Name	Designati			al Address & Tele. No