



**NATIONAL CENTRE FOR ADVANCED STUDIES
IN HUMANITIES & SOCIAL SCIENCES**

No: 6A, Sukhastan Garden, Word Place, Colombo-07



**MINISTRY OF EDUCATION. HIGHER EDUCATION & VOCATIONAL
EDUCATION**

FORM OF APPLICATION

Post: Assistant Network Management

01. (a) Name With initials :

(b) Name denoted by Initials :

02. Whether Rev./Mr./Mrs./Miss :

03. (a) Postal Address :

(Any change should be communicated immediately)

(b) Contact Telephone No :

(c) E-mail Address :

04. National Identity Card No :

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05. (a) Date of Birth :

Year	Month	Date

(b) Age as at the closing date of applications :

Year	Month	Date

06. Civil Status :

07. (a) Whether a Citizen of Sri Lanka :
(State whether by decent or by Registration) if by registration, give reference number & date of certificate of citizenship

b) Whether you have been :
convicted for a civil or criminal case previously

If 'yes' state further information:

08. Race :
(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

09. Educational Qualifications:

(a) Education :

School Attended	From			To		
	Year	Month	Date	Year	Month	Date
1.						
2.						
3.						
4.						
5.						

(b) GCE (O/L) Examination (Attach copies of certificates)

	<u>1st Sitting</u>					
	Index No:			Year:		
	Subjects			Grade		
01						
02						
03						
04						
05						

06		
07		
08		
09		
10		

(c) GCE (A/L) Examination (Attach copies of certificates)

	<u>1st Sitting</u>	
	Index No:	Year:
	Subjects	Grade
01		
02		
03		
04		

10. Qualifications- (All qualifications to be considered should be indicated in the application)

(a) University Education:

(Attach copies of certificates & transcripts)

Degrees/Diplomas	Class	University	Date of Commencement			Effective Date			Duration
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

(b) Professional Qualifications:
(Attach copies of certificates)

Institution	Qualifications Obtained	Date of Commencement			Effective Date			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

(c) Postgraduate Qualifications
(Attach copies of certificates)

Postgraduate Degrees/Diplomas	University	By Course or By Research	Date of Commencement			Effective Date			Duration (Prescribed Period of Registration)
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									
5.									

(d) Training/Workshops attended:
(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From			To			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								

(e) IT related Training/Workshops

Institution	Name of the Training Programme/Workshop	From			To			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4								

11. Any other academic distinctions scholarships, medals, prizes etc. :
(Indicate the Institution from which such awards have been obtained). (If space is insufficient, please use separate sheet of same size) (Attach copies of certificates)

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12. Research & Publications if any :
(If space is insufficient, please use separate sheet of same size)

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13. Highest examination passed in :
Sinhala/Tamil

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14. (a) Present Occupation :

1. Post :
2. Date of appointment to such post :
3. Whether confirmed in the present post :
4. Place of work with the Address :
5. Salary Scale of the post :
6. Present salary a. Basic Salary :
 b. Allowances :

(b) Previous appointments if any, with Dates :
(Attach copies of service certificates)

Post	Department/ Institution	Period of Service						Salary Scale	Duration
		From			To				
		Year	Month	Date	Year	Month	Date		

15. (a) Period of Experience gained as at the closing date of Applications relevant to the post applied:

Years	Months	Days

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave:

16. Extra-Curricular activities :
(If space is insufficient, please use separate sheet of same size)

	Event	Achievements	Level
Sports			

Other Certificates	Subject	Level
Positions held in Professional Body/Societies/Organizations/etc.	Positions	Professional Body/Society/Organization
Achievements		

17. Names of two non-related referees with addresses and Contact Nos.

Name	Designation	Address	Contact No. and Email Address
1.			
2.			

I do hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am Liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Date:.....

.....
Signature of Applicant

For public Service/Corporation/Statutory Board candidates only

Application to the Post ofsubmitted

by.....

is forwarded hereby. If he/she is selected for the said post, he/she, can be/cannot be released

Signature of the Head of the Department:

Name :

Designation :

(Official Seal) :

Date :

(N.B. When applying for several posts, each post should be applied separately, using the prescribed application)