

Sample Application form

Application No:

(Office Use Only)

MINISTRY OF PUBLIC ADMINISTRATION, PROVINCIAL COUNCILS AND LOCAL
GOVERNMENT



SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION



Applied for

Secondment

Permanent

➤ Personal Details

01. Full Name :

02. Date of Birth : 03. ID No. :
DD MM YYYY

04. Permanent Address:

05. Official Address (If a secondment candidate) :

06. Service : (If a secondment candidate) :

07. Date of Appoinment (If a secondment candidate) :
DD MM YYYY

08. E- mail address: 09. Contact No: Mobile

Residence

➤ Educational Qualifications

01.

02.

03.

04.

➤ **Professional Qualifications**

01.

02.

03.

04.

➤ **Other Qualifications relevant to the post**

01.

02.

I hereby declare that the above furnished information is correct to the best of my knowledge and bear the responsibility for the correctness. If any of above found false at any stage even after appointment to the post I agree with any type of disciplinary action against me by the authority.

Date

Applicant

Candidates who applied on secondment basis should forward their application through their Heads of Department/Institution as mentioned below.

Certification of Head of Department/Institution

I recommended and forward the application of Mr. / Mrs. / Miss..... holding the post ofin this department/institution. I certify that he / she has been confirmed in this post and his / her work and conduct are satisfactory and that he/ she has not been subjected to any disciplinary action or there is no intention to make such inquiry.

He/ she can be released on secondment basis from the service if selected for this position within three (03) months.

Date

.....

Signature of head of Department/ Institution
(Official Stamp)

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SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION



Computer Programme Analyst

➤ Personal Details

01. Full Name :

02. Date of Birth : 03. ID No. :
DD MM YYYY

04. Permanent Address:

05. Official Address :

06. Date of Appointment :
DD MM YYYY

07. Current Designation:

08. E- mail Address: 09. Contact No: Mobile

Residence

10. Medium :

Sinhala		Tamil		English	
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➤ Educational Qualifications

01.....

02.....

03.....

04.....

➤ **Professional Qualifications**

01.....

02.....

03.....

04.....

➤ **Other Qualifications relevant to the post**

01.....

02.....

I hereby declare that the above furnished information is correct to the best of my knowledge and bear the responsibility for the correctness. If any of above found false at any stage even after appointment to the post I agree with any type of disciplinary action against me by the authority.

Date

Applicant

Account Details : Director General, Sri Lanka Institute of Development Administration
Bank : Bank of Ceylon.(Independence Square Branch)
Account Number : 92563132
Amount : Rs.1000/-
Payment Receipt