SAARC CULTURAL CENTRE (SCC)

No. 224, Bauddhaloka Mawatha, Colombo – 07, Sri Lanka

APPLICATION FORM

Name	٥f	the	nost.
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INSTRUCTIONS: Please fill up the form completely and clearly. Type or print in ink. If needed, additional pages may be attached. Make sure that you sign the application and insert the date

1.	Name (Name (As per certificate):					Affix Ph	otograph
2.	Date of Birth: Y: M: D: Place of Birth:				Age			
	Citizens	hip at Bir	th:					
	Present	Citizensh	ip:					
			Residential	Address				
3.								
			Official Add	dress				
	Contact Informa							
	IIIIOIIII		Telephone					
			Home: Office:					
	Mobile:							
	E-mail address:							
4.	Sex	Male	Marital	Married	Single	Widowed	Divorced	Separated
	(Check):	Female	Status (Check):					
			(CHECK).					

		List of depe	endents(s)	
		Name	Date of Birth	Relationship
	01			
_	02			
5.	03			
	04			

6	Have you taken up legal residence status in any country Other than that of your nationality?									
	If "Yes," in which	h countr	y?						•	
7	If "Yes", explain		l steps to	wards ch	nanging yo	our prese	ent nati	onality?		
8	Educational bac supporting docu	_	: Furnish	details st	arting fro	om last D	egree (Enclose ti	rue copie	es of
	Name of Institut	tion and	Degree/ Certifica	' Diplomate	a /	Year		Ma	in subjec	ct(s)
9	State your profe enclose support		=		e post app	olied for	(Not mo	ore than 1	L50 word	ls, please
	Language profic be any]:	lency [Pi		(v) in the	e appropr		. Also er	lciose cei		rtnere
10			Read	1		Write	<u> </u>		Speak	
		Excellent	роо5	Fair	Excellent	роо5	Fair	Excellent	Poo5	Fair
	English									
	Others									

Employment Record: Starting with your present or most recent post, list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. Use additional sheets of paper as required.

Year	Career	Experience

	Dates		· · · · · · · · · · · · · · · · · · ·	er annum owances)	Exact title of your post
			Starting	Present	
	From	То			
		,			
	Name of Supervisor				
12	Name & address of Emplo	yer		Net Salary	Number & kind of employees supervised by you: Professional staff: - Other supporting staff-
	Description of your work:				

	Previous Employment/s (Use separate box for each employment)						
13	Dates	S	alaries per annum (Ex	Exact title of your post			
	Dates		Starting		Present		
	Fro	om To					
	,						
	Name o	fSupervi	sor				

	Name & address of Employer	Net Salary	Number & kind of employees supervised by you: Professional - Other supporting staff-
	Description ofyour work:		
14	List of Professional publications & reports (Pl	ease attach separ	ate sheets, if required):
15	List of Membership in professional bodies (pl	ease attach separ	rate sheet, if required):
		ptions	
No			

	Da bassa assis	ala: a ati a na fan ala			
16	last employer?	objections for ob	taining a	confidential report o	n you from your present /
	Yes			No.	
	(Please Check)			(Please Check)	
	,	l .		,	
	References:				
		s <u>not related</u> to y	ou who <u>a</u>	re familiar with your	character and
	qualifications.			Full Address with	Talaahaaa
	Nan	ne		Full Address with	reiepnone no.
17					
	Year/Date	Charge		Where	Conviction
	-				
18					

	State any other relevant facts. Include information regarding any residence or prolonged
19	travel abroad, giving dates, areas, purposes, etc.
20	Please state any disabilities or any disease etc. which might limit you field of work (Final appointment will be subject to physical examination).
20	appointment will be subject to physical examination).
	rtify that the statements made by me in the foregoing items are true, complete, and
	ect to the best of my knowledge and belief. I understand that any false statements or any uired information withheld from this form may provide grounds for the withdrawal of any
	r of appointment or dismissal.
0	. Or appointment or allowingsulf
Date	: Signature:

Your application for employment, if found useful to our overall programme, will be retained on our roster for a maximum period of 12 months.

Recommendation of the candidate's employer:			
I do hereby certify that Professor/ Dr. /	Mr. /Ms. /Mrs		
of the	(Name of the Department/ Institute)		
serving as a	(Designation) will be released on deputation to join		
the SAARC Cultural Centre (SCC), Colo	mbo, Sri Lanka as per the stipulated date and terms if		
he/she is appointed as	(Designation at SCC).		
Date:	Signature:		
	3.8.14.6.1		
Namo			
Name			
Address			
	Official Stamp		
Recommendati	ion of the concerned Ministry:		
I do hereby certify that Professor/ Dr. /	Mr. /Ms. /Mrs		
of the	(Name of the Department/ Institute)		
serving as a	(Designation) will be released on deputation to join		
the SAARC Cultural Centre (SCC), Colo	mbo, Sri Lanka as per the stipulated date and terms if		
he/she is appointed as	(Designation at SCC).		
Date:	Signature:		
Name			
Address			

Official Stamp