



**Sri Lanka Social Security Board**  
**(Ministry of Women, Child Affairs and Social Empowerment)**



**Application for the post of .....**

01. Full Name : - .....  
.....
02. Name with Initial : - .....
03. Permanent Address : - .....  
.....
04. Temporary Address : - .....  
.....
05. Telephone Number : (Land) : - .....  
(Mobile) : - .....
06. National Identity Card No : - .....
07. Date of Birth : - .....
08. Age at Closing Date : - .....
09. Gender : - .....
10. Married / Single :- .....
11. Nationality : - .....
12. Religion :- .....
13. District :- .....
14. DS Division :- .....
15. Grama Niladari Division :- .....
16. Name of School :- .....

17. Educational Qualifications :

G. C. E. Ordinary Level			
Year - .....		Index Number - .....	
Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

G. C. E. Advance Level			
Year - .....		Index Number - .....	
Subject	Grade	Subject	Grade
1.		3.	
2.		4.	

18. High Education Qualification :

High education and professional qualification	Institution
1.	
2.	
3.	
4.	
5.	
6.	

19. Professional Qualification :

Professional qualification	Institution
1.	
2.	
3.	
4.	

20. Experience :

Institute	Position	Duration (From ..... To .....)	Year of experience

21. Other qualification and achievement :

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I declare that all particulars furnished by me in this application are true and correct to the best of my knowledge.

.....  
Date

.....  
Applicant's Signature

22. Head of the Department :

I hereby certify that Mr./Mrs./Miss ..... who is working in this ministry/department/institution, is working in the post of ..... and his/her work and conduct are satisfactory and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service.

.....  
Signature of the Head of the Department or Authorized Officer.

(It is compulsory to send certified copies of relevant educational, professional, extra-curricular and service certificates.)