NEW VILLAGES DEVELOPMENT AUTHORITY FOR PLANTATION REGION Ministry of Water Supply and Estate infrastructure Development

	(For office use only)
	Application for the Post of Driver
1. Per	sonal Information:
1.1.	Name with initials (In English block capitals) :
	(Ex. GUNAWARDHANA HMSK)
1.2.	Name in full (English block capitals) :-
	(Ex. HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)
1.3.	Name in full (Sinhala or Tamil) :-
1.4.	Permanent Address (Sinhala or Tamil) :-
1.5.	Permanent Address (English block capitals) :-
1.6.	Gender: Male - 1.7. Married Unmarried Unmarried
1.8.	National Identity Card No :-
1.11.	Date of Birth: - Month Date Year Telephone No:- 1.12. Division Secretary: -
	Grama Niladhari Division :-

2. Educational Qualificat	tions:-
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2.1 G.C.E. (O/L) Examination: Year:- Index No:-

	Subject	Grade		Subject	Grade
1.			07.		
2.			08.		
3.			09.		
4.			10.		
5.			11.		
6.			12.		

2.2. G.C.E. (A/L) Examination: Year:- Index No :-

	Subject	Grade		Subject	Grade
1.			07.		
2.			08.		
3.			09.		
4.			10.		
5.			11.		
6.			12.		

	2.3. Professional Qualifications (According to the application inviting notice):-
3.	Other Qualifications:-

4. Experience:-

No	Organization	Designation	Working	Working period		
			From	To	period	
			(year/month/date)	(year/month/date)	(Year/Mon	
			,	,	th)	

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5 .	Non-	-ĸe	lated	Refe	rees	:-

Name & Telephone No	Position	Address	Telephone number
01.			
02.			

6. Declaration of the Applicant:-

- (a) I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and for incorrect completion of any part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge.
- (b) I shall not subsequently change any information stated above.

(c)	I am well	aware	that I	will be	e fired	without	any	notice	if the	above	inform	ation	is pro	ved to
	be errone	ous or	fraudı	ulent.										

Date	Applicant's Signature
7. Attestation:	
I do hereby certify that Mr. /Mrs. / Miss	
is personally known	n to me and placed his/her signature in my
presence on	
Date	Signature of Certifying Officer (Official seal)
Name:-	,
Designation:-	

	This part is applicable only for candidates who engage in government or Semi government employment Attestation of the head of the Department/ Institution:-						
	I	hereby	certify	that	Mr./Mrs./Miss.		
Dat	depar discip any si from	tment/ institution, is work plinary action post of pendituch in the future. If he/she the service.	who ing in the and his/her ing against him/her and	is working work and cond d no decision has his post, he/she	luct are satisfactory, no as been taken to impose		
Naı	me:						
Des	signatio	on:					
Miı	nistry/[Department:					
(Of	fficial s	eal)					