

Bureau of Rehabilitation

Ministry of Public Security and Parliamentary Affairs

Application

Post Applied For:.....

Medium for
Examination

Sinhala

☐

Internal Applicant

(Currently employed at the Bureau of Rehabilitation)

☐

Tamil

☐

External Applicant

☐

English

☐

Please tick (✓) the appropriate box.

1. Full Name (in English Capital letters):

.....
.....

2. Full Name (in Sinhala / Tamil):

.....
.....

3. Name with initials:

4. Permanent address (in English):

.....
.....

5. Permanent address (in Sinhala / Tamil):

.....
.....

6. Address to which interview invitation letters should be sent:

.....
.....

7. Date of Birth:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

8. Age (as at the closing date for receipt of applications):

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

9. National Identity Card No:

--	--	--	--	--	--	--	--	--	--	--	--	--

10. Gender:

11. Civil status:

12. Grama Niladari Division:

.....

13. Divisional Secretary's Division:

.....

14. District:

15. Telephone No (Landline) :

(Mobile) :

16. Contact No (Whatsapp):

.....

17. Email address:

.....

18. Educational Qualifications

G.C.E. (Ordinary Level) Examination: Year:.....Index No:.....				G.C.E. (Advanced Level) Examination Year:..... Index No :..... Subject stream: Z-score:	
1.		7.		1.	
2.		8.		2.	
3.		9.		3.	
4.		10.		4.	
5.		11.		5.	
6.		12.			

19. Higher Diploma/ Diploma/ NVQ Qualifications

Name of Diploma	Institute	Year	Duration

20. Certificate Courses

Name of Certificate Course	Institute	Year	Duration

21. Other Higher Educational Qualifications

Type of Qualification	Institute	Year	Results

22. Professional Qualifications

Qualification	Institute	Year	Registration No. (If any)

23. Other Qualifications

.....

.....

.....

* Please attach copies of certificates relevant to the qualifications specified in Sections 18 to 26.

(If the space provided is insufficient to include all qualifications, please submit the additional details as an attachment.)

24. Work Experience (Provide details in order, commencing with the current employment)

Designation	Place of Work	From	To	Experience (in years and months)

25. Extracurricular Activities

.....

.....

.....

.....

26. Language Proficiency

Language	Speaking Proficiency	Writing Proficiency
Sinhala		
Tamil		
English		

27. Application Fee Payment Details

Name of the Branch:

Name of the Bank:

Date of Payment:

Invoice No. / Deposit Slip Number:

Amount:

28. Details of Two Non-Related Referees

Name:

Name:

Designation:.....

Designation:.....

Institute:.....

Institute:.....

Address:.....

Address:.....

.....

.....

Email:.....

Email:.....

Contact No:.....

Contact No:.....

I agree to the conditions stated in the advertisement and the instruction sheet, and hereby certify that all information provided above is true and accurate to the best of my knowledge.

Date:

.....

Signature of Applicant

Certificate of the Head of Institution (Applicable only to applicants currently employed in Government or Corporation service)

I hereby certify that Rev./Mr./Mrs./Miss, bearing the National Identity Card No., is currently serving in this Ministry/Department/Institution/Board as, and that his/her service and conduct are satisfactory. I further certify that there are no disciplinary inquiries pending against him/her. If he/she is selected for the above post, I confirm that he/she can/cannot be released from this institution.

.....

Signature of Head of Institute

Date:

Name:

Designation: