

NATIONAL DANGEROUS DRUGS CONTROL BOARD

SPECIMEN APPLICATION FORM

APPLICATION FOR THE POST OF

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| | | | |
|-------------------------------|--------------------------|--------------------|--------------------------|
| Internal Applicant | <input type="checkbox"/> | External Applicant | <input type="checkbox"/> |
| (Put a tick in the right box) | | | |

1. Name in Full :

2. Name with Initials :

3. Permanent Address:.....

4. Present Address:.....

5. Contact No:..... 06. N.I.C.No:

7. Date of Birth:..... 08. Age:.....

9. Gender: 10. Marital Status:.....

11. Nationality:..... 12. Religion:.....

13. District : 14. Div.Sec:.....

15. Grama Niladhari Division:.....

16. School :

17. Educational Qualifications:

| G.C.E.(O/L) Examination: | | | |
|--------------------------|--|-----------------|--|
| Year: | | Index No: | |
| 1. | | 7. | |
| 2. | | 8. | |
| 3. | | 9. | |
| 4. | | 10. | |
| 5. | | 11. | |
| 6. | | 12. | |

| G.C.E.(A/L) Examination: | | | |
|--------------------------|--|-----------------|--|
| Year: | | Index No: | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

18. Degree :.....

University :.....

Year :.....

19. Diploma :.....

Institute :.....

Year :.....

20. Other Higher Educational Qualification

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21. Professional Qualifications :

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22. Other Qualifications

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23. Experience (In order from current Occupation)

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24. Referees:

| | |
|------------------|-------------------|
| (i) Name : | (ii) Name : |
| Position : | Position : |
| Address : | Address : |
| | |
| Tele : | Tele : |

I do hereby agreed with the conditions mentioned in the advertisement and certify that the above mentioned particulars are true and correct to the best of my knowledge.

Date:.....

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Signature of the Applicant

I hereby certify that Mr./ Mrs./ Miss.bearing National Identity No. is working in this ministry/ department/ institution/ board, currently working as and his/ her work and conduct are satisfactory, no disciplinary actions pending against him/ her. If he/ she will be selected for this post, he/ she can/ cannot be released from this organization.

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Signature of the Head of the Department

Date :-

Name :-

Designation :-

Please consider following instructions before submit applications

1. Use only model application given in above when you are applying for a post.
2. Please write the Designation that you are applying and whether you are Internal or External Applicant on the top of the left hand corner in the envelope.
(Applicants who currently work in permanent cadre on the Board consider as **Internal Applicants**. Applicants who willing to join the Board Consider as **External Applicants**)
3. If you are applying more than one designation, fill applications for each designation separately and attach certificate copies each application. Then post each application separately.
4. Applicants employed in Government/ Corporations/ Statutory Boards should refer their applications through relevant Heads of Institutions/ Departments.
5. Applications with several designations in one application, several applications attached to one bundle of certificate copies, without mentioning Designations properly, without copies of certificates, incomplete and not fulfilling the required qualifications as at the closing date for applications will be rejected.
6. The decision of the National Dangerous Drugs Control Board will be final.