

**TERTIARY AND VOCATIONAL EDUCATION COMMISSION
FORM OF APPLICATION- DIRECTOR**

1. Full Name of the Applicant

Name with initials

Identity Card Number

2. i. Sex

ii. Civil status

Male
Female

Married
Unmarried

3. Present Postal Address

Telephone No.

E mail

4. Date of Birth

Age at closing Date

Year	Month	Date

Year	Month	Date

5. Educational Qualification

Name of the University	From	To	Degree Course followed with subjects	Class or Grads	Effective date of the Degree
Postgraduate Degrees/ Diploma					

(Please attach copies of degree certificates obtained)

6. (i) Professional /Special Qualifications and Experience

(ii) Research and Publications

7. Employment Record

Post held	Institute	From	To	Number of Years/ Months	Last Drawn Salary

8. Present Occupation

Occupation	Institute	From	To	Number of Years/ Months	Last Drawn Salary

9. Professional Qualifications

Institute	From	To	Examinations, passed or Degrees etc. obtained

10.

Proficiency in Sinhala/Tamil/English								
Language	Ability to Work			No knowledge	Speech			No knowledge
	Very Good	Good	Fair		Very Good	Good	Fair	
Sinhala								
Tamil								
English								

11. Referees

Name	Designation	Address
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1.

2.

12. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false or inaccurate. I am liable to disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

.....
Date

.....
Signature of Applicant

For Public Service/ Corporations/ Statutory Boards Candidates only

Application for the post of

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Submitted by is forwarded herewith. If He / She is selected for the said post He/ She can/cannot be released.

.....
Signature of the Head of the Institution

Name

Designation

Date

Seal

