DEPARTMENT OF LEGAL AFFAIRS

APPLICATION FOR THE POST OF DEPARTMENTAL DIRECTOR (LEGAL)

For Office Use Only

Language Medium Applied For

Sinhala - 2
Tamil - 3
English - 4

1.	Name with Initials (Sinhala)	:	.....
2.	Name with Initials (in English Capital Letters)	:	.....
3.	Full Name	:	....
4.	National Identity Card (NIC) No	:	
5.	Permanent Address	:	....
6.	Gender :	:	Female - 1 Male - 2
7.	Date of Birth	:	Date : ..... Month: ..... Year : .....
8.	Contact Number	:	
9.	Period of Service	:	From ..... To .....
10.	Date of Appointment to Legal Officer - Class I	:	.....

11. **Educational Qualifications :**

No.	Name of the Course	Degree / Postgraduate Degree / Postgraduate Diploma / Diploma	Subject / Relevant Field	University / Recognized Institution

12. Performance Competencies :

Good conduct based on performance appraisal during the five (05) years immediately preceding the closing date for applications.

(Certified copies of the relevant 05 performance appraisal reports must be produced at the interview.)

Year	Appraisal Assessment (Very Good / Good / Satisfactory / Unsatisfactory)	Signed / Not Signed by Relevant Officers

13. **Professional Qualifications** :

.....
.....
.....

14. **Have you ever been convicted of any offense by a court of law?**

(Mark✓in the relevant box) (If yes, give details) Yes ☐ No ☐

.....

15. **Applicant's Certificate** :

a. I respectfully declare that the information provided by me in this application is true and correct to the best of my knowledge. I am aware that incomplete and/or incorrect completion of any part or parts hereof will render me disqualified for selection to this post and I agree to bear any loss that may occur. Further, I declare that all parts herein have been correctly filled.

b. I also acknowledge that if this statement made by me is proven to be false, I am liable to be disqualified before appointment and to be dismissed from service after receiving the appointment.

c. I will not alter any information contained herein later.

Date : ....

(Signature of Applicant)

16. **Recommendation of Head of Department** :

I certify that Mr./Mrs./Miss ..... (Full Name) submitting this application is personally known to me and that he/she placed his/her signature in my presence on ..... (Date).

I certify that his/her work, attendance, and conduct are ....., that he/she has / has not completed a satisfactory service period of five (05) years, that no disciplinary action is pending / has been taken against him/her, that no such action is intended / intended to be taken in the future, and that if he/she is qualified for this post, he/she can / cannot be released from his/her current post.

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Signature of Head of Department

Date : .....
Name : .....
Designation : .....
(To be confirmed with Official Stamp)