

For office use

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## National Child Protection Authority

### Application for the Post of Management Assistant - Non Tech – (Proof Reading) Sinhala (MA 1.1)

#### 01. Personal Details

Name in Full Rev./ Mr./Mrs./Miss			
Name with initials			
Date of Birth / Age	Date :	Month:	Year: Age:
Sex	Male:	Female :	
National Identity Card No/Passport No			
Civil Status	Married:	Single:	
Nationality			
Permanent Address			
Contact Numbers			
E-mail Address			

#### 02. Educational/Professional Qualifications

2.1 G.C.E. (O/L) Examination Year: ..... Index No:.....

	Subject	Grade		Subject	Grade
1			6		
2			7		
3			8		
4			9		
5			10		

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

	Subject	Grade
1		
2		
3		
4		

### 2.3 Degree Qualifications

	<b>Degree</b>	<b>Name of the University/ Institution</b>	<b>Class/Grade obtained</b>	<b>Date of Award</b>	<b>Effective date of degree</b>
1					
2					

### 2.4 Post Graduate Degree Qualifications

	<b>Degree</b>	<b>Name of the University/ Institution</b>	<b>Date of Award</b>	<b>Effective date of degree</b>
1				
2				
3				

### 2.5 Professional Qualifications

(Chartered Qualifications / Memberships / Registrations / Post Graduate Diploma / Advanced Diploma / Diploma / National Vocational Qualification (NVQ)/ Certificate Qualifications / (Including Computer, Language etc.)

	<b>Qualification</b>	<b>Field</b>	<b>Name of Institution</b>	<b>Date of Award</b>	<b>Duration</b>
1					
2					
3					
4					

### 03. Working Experience

	<b>Employer/ Institution</b>	<b>Designation</b>	<b>From –To</b>	<b>Number of Years</b>	
				<b>years</b>	<b>Months</b>
1					
2					
3					

**04. Extra Curricular Activities**

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**05. Other Achievements (Including Leadership, Managerial, Research, Project Involvements, Experience, Publications etc.)**

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**06. Any other particulars (Not included above)**

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**07. Two Non Related Referees**

Name		Designation	Address	Contact Details (TP Number & Email)
1				
2				

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

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Signature of Applicant

.....

Date

**9. Recommendation of the Head of the Institution**

(For the applicants who are already in the service of Government Departments/ State Corporations/ Statutory Boards)

I recommended and forwarded herewith the application of Mr/ Ms/ Mrs .....for the above post and agree/ do not agree to release him/her in case selected to the post applied for.

.....  
Date

.....  
Head of the Institution (Official Stamp)