

08. Professional experience

Post	Work Place	Period/Years

09. Experience in the applied field.

1.
2.
3.
4.

10. Details of two non-related referees to certify particulars given by you : (optional)

Name	.....	.....
Post	.....	.....
Work Place	.....	.....
Telephone No. (Land)	.....	.....
(Mobile)	.....	.....

11. I do hereby declare that the information furnished above is true and accurate and that I have not been debarred from examination duties or accused of any disciplinary action at present. I am also aware that, I will not be selected if any disqualification is revealed. In case a disqualification is found after recruitment, my duties will be terminated under the Examinations Act No. 25 of 1968. I acknowledge that the decision of the Commissioner General of Examinations is final regarding this matter.

.....
Date

.....
NIC No.

.....
Signature of the Applicant

Certification

12. **Only for the officers who serve at present**

I certify that the information provided in the application form from No. 01 to 11 with regard to the above named applicant is true according to his/her personal file and that he/she is eligible for examination duties as a resource person and he/she is in sound health.

.....
Date

.....
Official Stamp

.....
Signature of the Head of Institution

13. **For retired officers only**

I certify and solemnly declare that the information furnished by me in the above application form is true and correct and that I have not been debarred from examination duties previously or sent on compulsory retirement and that I am in good health to perform examination duties as a resource person.

.....
Date

.....
NIC No.

.....
Signature of the Applicant