**Application for Post of Director/Legal Affairs (External)**

**TELECOMMUNICATION REGULATORY COMMISSION OF SRI LANKA**

1.Name with initial (In English) :Mr./ Mrs./Ms.………………………………………………

2.Full Name (In English) : ………………………………………………………………………

3. Full Name (In Sinhala/Tamil) :………………………………………………………………..

4. Address: ………………………………………………………………………

5. Date of Birth:…………………….. Age as at 14.05.2025 ………………………….

6. Telephone no.: ………………………

7. E- mail Address ……………………………………..

8. NIC No: ……………………………………………..

9. Gender: ……………………………………………

10.Educational Qualifications: ……………………………………………………………………

11.Professional Qualifications: …………………………………………………………………

12.Experience: ………………………………………………………………………

13. If you are in Government service:

Organization: ……………………………………………………….

Designation: ………………………………………………………..

14.Certificates attached 1 ………………………………………………………………………

 2………………………………………………………………………

 3………………………………………………………………………

 4………………………………………………………………………

**15. Declaration of the Applicant:**

1. I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and / or incorrect completion of any part of this application. Further I stated that all sections of this application completed are true and correct to the best of my knowledge.

……………………………. ……………………………..

Date: Signature of Applicant

**16. Attestation of the Head of the Department/ Institution: (for candidates from government institutions)**

I hereby certify that Mr./Mrs./Miss ………………………………………………………………who is working in this Ministry/Department/Institution, is working in the post of ………………………………….…. and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service of this institution.

……………………… …….….…………..

Signature of the head of the Department/ Institution

Date

Name: ................................................................................................................................................

Designation: - .....................................................................................................................................

Ministry / Department/Institution: -…………………………………………………………………

Official Seal: