Application No. ____

Office Use Only

Qualified		
Unqualified/ Doubtful		

MARINE ENVIRONMENT PROTECTION AUTHORITY

APPLICATION FOR THE POST OF .....

1.Personal Details

Title : Mr. ☐ Mrs. ☐ Miss. ☐

Last Name : (In Block Letters)

Initials with Last Name (In Block Letters) :

Full Name as in NIC (In Block Letters) :

Other Names : .....

NIC No: Date of Issue: Date Month Year

Date of Birth : Date Month Year Age as at 26/11/2026: Year Month

Gender : Male ☐ Female ☐

Marital Status : Single ☐ Married ☐ Divorced ☐ Widow ☐

2.Contact Details

Permanent Address : .....

.....

.....

City/Town : ..... Postal Code : .....

Telephone Numbers

Home : ..... Mobile No : .....

Office : ..... E-Mail : .....

District : ..... Province : .....

3. Highest Education Qualification : .....

.....

.....

4. Educational Qualifications (*True Copies of certificates should be attached*)

(a) G. C. E. (O/L)

Subject	Grade	Index No	Year

(b) G. C. E. (A/L)

Index No : Year :

Subject	Grade	Subject	Grade

5. University Education (Degrees, Diplomas etc.) (*True Copies of certificates should be attached*)

Name of the Degree/ Diploma	University/ Institution	Period		Field of Degree	Results (indicate Class or Grade)	Effective Date
		From (dd/mm/yyyy)	To (dd/mm/yyyy)			

6. Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (*True Copies of certificates should be attached*)

Name of the Degree/ Postgraduate Diploma	University/ Institution	Period		Subject Area/s	Effective Date
		From (dd/mm/yyyy)	To (dd/mm/yyyy)		

7. Professional Qualifications (Examination/Memberships of Professional Bodies (Associate / Corporate Membership etc.) (*True Copies of certificates should be attached*)

Institution	Name of the Examination/Membership	Membership Category	Effective Date

8. Training Programmes/Workshops/Seminars/Conferences participated: (*True Copies of certificates should be attached*)

Name of the Training Programme/Workshops etc.	Institution	Period

9. Special Achievements

10.Extra-Curricular Activities:

Category	Type	Achievement	Date/Year

11. Research & Publications, if any

12. Working Experience

(a) Present Post: (*True Copy of Service certificate or Appointment Letter should be attached*)

Post	Institution	Salary Code	Period		Describe the work done
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

(b) Previous Employment: (*True Copies of Service certificates or Appointment Letters should be attached*)

Post	Institution	Salary Code	Period		Total Service
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

13. Details of two non-related referees:

No.	Name & Position	Official Address & Tele. Nos.	Residential Address & Tele. Nos.
01.			
02.			

- **Please attach the true copies of the certificates and relevant documents.**
- **If space is not sufficient to write the details, submit them as attachment.**

I hereby certify that the particulars submitted by me in the application and its annexure 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.

..... **.....**

Signature of the applicant **Date**

15. Recommendation by the Head of the Institution / Department:

(Applicable only for the applicants of Government/Semi Government/Corporations and Statutory Board)

I do hereby declare that the applicant, Dr/Mr/Mrs/Miss ……... is serving in the post of …… of the ……..... Institution/Department from ……. on permanent/temporary/casual basis and he/she can be/ cannot be released from the service, if he/she will be selected for the post applied.

…… **.....**

Signature of the Head of the Head of Institution / Department **Official Stamp**

Date : …….

Name of certifying officer : …….

Post : …….

Address : …….

: …….