Application No. ☐

Office Use Only

Qualified		
Unqualified/ Doubtful		

MARINE ENVIRONMENT PROTECTION AUTHORITY

APPLICATION FOR THE POST OF .....

1.Personal Details

Mr. ☐ Mrs. ☐ Miss ☐

Name with Initial (In Block Letters) : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Full Name (In Block Letters) : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NIC No : ☐☐☐☐☐☐☐☐☐☐☐☐ Age as at 26/11/2026 : ☐☐ Years ☐☐ Months

Date of Birth : ☐☐ Date ☐☐ Month ☐☐☐☐ Year

Gender : Male ☐ Female ☐

Marital Status : Single ☐ Married ☐

Drivering Licence No. : ☐ **(*True Copies of driving license sould be attached*)**

Approved Vehicle Classes: ☐

Date of issue of the driving license: ☐☐ ☐☐ ☐☐☐☐

Permanent Address: .....

.....

.....

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

Contact Number : Landline ..... Mobile : .....

Office : ..... email : .....

02. Highest Education Qualification : .....

.....

.....

03. 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

04. Other Qualifications/ Professional Qualifications (*True Copies of certificates should be attached*)

Name of the Diploma / Certificate Course	Institution	Period		Effective Date
		From (dd/mm/yyyy)	From (dd/mm/yyyy)	

05. Special Achievements

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06. Extra-Curricular Activities:

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07. Working Experience

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

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

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

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

08. Details of two non-related referees:

No.	Name & Position	Address	Telephone Number
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**

09. 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 : …….
: …….