

Note: Send a self-prepared applications based on following information.



**MINISTRY OF CITY PLANNING, WATER SUPPLY AND HIGHER EDUCATION
SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION (SLIATE)**

Application Form for Post of Director Exams

1. Name in Full (Mr/Mrs/Miss) :-

2. Name with Initials :-

3. Date of Birth :-

4. Contact Information :-

Postal Address-.....

Phone Number- Official -.....

Mobile -..... E-mail -

5. Academic Qualifications:

	Name of the Qualification	Name of the Institute	Year
i.
ii.
iii.

6. Professional Qualifications

	Name of the Qualification	Name of the Institute	Year
i.
ii.

7. Other Qualifications/ Extracurricular activities

- i.
- ii.
- iii.

8. Working Experience

	Position	Organization	from	To	Years
Present					
Past					

09. Name, Position and Contact Information of two Non-Related Referees.

I do hereby certify that all the above information is true and correct to the best of my knowledge.

Date :-

.....
Signature of Applicant