

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



**MINISTRY OF 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