

Application for the Pool of Resource Persons

(For the officers who are service at present)

Ministry of Public Administration and Management

Ministry/ Department:

1. Personal information

1.1. Name: Mr. / Mrs. / Miss.)

.....

1.2. Permanent address:

.....

1.3. Temporary address:

.....

1.4. Telephone Number

1.4.1. Office :

1.4.2. Personal :

1.4.2.1. Residence:

1.4.2.2. Mobile:

1.5. National Identity Card No :

2. Particulars on the service

2.1. Date of first appointment in public service : YYYY / MM / DD

2.2. Particulars on service stations served up to now:

Service Station	Period of service

2.3.

2.3.1. Service station at present:

2.3.2. Address:

2.4. Post held at present:

2.5. Service:

3. Educational Qualifications

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

3.2. Details of the basic degree

3.2.1. University / Institution

3.2.2. Degree

3.2.3. Subjects

.....

For office use

A	B

3.3. Details of the post graduate degree / diploma

- 3.3.1. University / Institution
- 3.3.2. Post graduate degree / diploma.....
- 3.3.3. Subjects

For office use	
A	B

4. Professional experience

- 4.1. Experience in public service (As at 31- Dec - 2017)
- 4.2. Experience (years) in the service to which the officer belongs at present (As at 31st of December 2017)
- 4.3. Experience (years) in the Grade to which the officer belongs at present (As at 31st of December 2017)

Y	Y	M	M	D	D
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Y	Y	M	M	D	D
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Y	Y	M	M	D	D
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5. Experience as a resource person

5.1.

For office use

Institution	Period served
	Y Y M M D D
	Y Y M M D D
	Y Y M M D D
	Y Y M M D D

C	D

5.2. Other:

6. Medium in which the officer prefers to provide the service (Mark \checkmark against the preferred medium)

Sinhala Tamil English

7. Fields/ subjects in which you prefer to serve as a resource person:

- i.
- ii.
- iii.

I hereby certify that the particulars furnished above are true and accurate.

Date:

.....

Signature of the applicant

Certificate of the Head of the Institution

The particulars furnished above by the applicant are accurate. I hereby recommend the application.

Date:

.....

Signature of the Head of the Institution