(For office use only)

Commission to Investigate Allegations of Bribery or Corruption

Application for Open Recruitment to the Post of Additional Director-General

Medium
English

(Application should be completed in English block capitals)

1.0	1.1 Name in Full	
	1.2 Name in Full (Sinhala/Tamil)	
	1.3 Name with Initials	
2.0	2.1 Permanent Address	
	2.2 District	
	2.3 Province	
3.0	3.1 Gender	
	3.2 National Identity Card Number	
4.0	4.1 Mobile Telephone No./WhatsApp No.	
	4.2 Fixed Telephone No.	
	4.3 E-mail Address	
5.0	5.1 Date of Birth	
	5.2 Age as at the Closing Date of Applications	.....Years .....Months ..... Days
6.0	6.1 Marital Status	
7.0	7.1 Nationality	
8.0	8.1 Religion	

9.0 Educational Qualifications: Language medium: .....

9.1 Details of the Postgraduate Degree:

Name of the Postgraduate Degree	Subject Area	University/ Institution	Class of Degree	Effective Date of the Postgraduate Degree

10.0 Professional Qualifications: .....

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11.0 Experience:

Subject Area	Institution	Duration

12.0 English Language Proficiency:

Documents in proof of proficiency
1.
2.
3.

13.0 Additional Educational Qualifications:

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14.0 Other Qualifications:

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15.0 Applicant's Certification:

I declare that the information provided in this application is true and correct to the best of my knowledge. I am aware that the Commission to Investigate Allegations of Bribery or Corruption reserves the right to cancel my candidature/appointment if any information furnished herein is found to be false or incorrect before or after recruitment.

I agree to abide by the rules and regulations related to this appointment and to accept any decision taken in respect of the cancellation of my candidature/ or appointment, in case I am found to be unqualified in terms of the applicable rules and regulations.

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Date: ..... Signature of Applicant

16.0. Attestation of Signature:

I certify that Mr./Mrs./Ms. ..... who submits this application is known to me personally and that he placed his signature in my presence on .....

.....

Signature and official seal of the Attesting Officer

Full Name of the Attesting Officer : .....
Designation : .....
Address : .....
Date : .....