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**Institute of Human Resource Advancement
University of Colombo
Application for Diploma in Public Procurement**

1.0 Personal Information:

1.1 Name with Initials (In English block capitals) :-

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1.2 Name in full (In English block capitals) :-

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1.4 Permanent Address :-

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1.6 Gender:-

1.7 Marital Status:- ☐ Married ☐ Unmarried

1.9 National Identity Card No:-

1.10 Date of Birth: -/...../..... (DD/MM/YY)

1.11 Telephone No:.....

1.12 District:-

1.14 Grama Niladari Division :-

1.15 Email Address:-

2.0 Educational Qualifications:-

2.1 G. C. E. (O/L) Examination: Year: - Index No :-

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

2.2 G. C. E. (A/L) Examination: Year: - Index No :-.....

	Subject	Grade		Subject	Grade
1.			3.		
2.			4.		

2.3 (i) Date of Graduation:-

(ii) University / Institution:-

(iii) Registration Number:-

(iv) Internal / External: -

(v) Degree: -

(vi) Subjects: -

(vii) Class (Upper / Lower): -

(viii) Effective Date: -

(ix) Language Medium of Examination: -

3.0 Professional Qualifications:-

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4.0 Other Qualifications:-

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5.0 Non-Related Referees

Name / Telephone No	Position	Address
1.		
2.		

6.0 Attached Payment Slip

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7.0 Declaration of the Applicant:

(a) I hereby declare that the information provided in this application is true and correct to the best of my knowledge. I acknowledge that I will assume responsibility for any loss that may arise from the incomplete or incorrect completion of any part of this application. Furthermore, I affirm that all sections of this application that have been completed are true and correct to the best of my knowledge.

(b) I shall not subsequently change any information stated above.

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Date

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Applicant's Signature

8.0 Attestation of the head of the Ministry/ Department/ Institution/Company etc:

I hereby certify that Mr./Mrs./Miss who is working in this ministry/department/institution, is working in the post of and his/her work and conduct are satisfactory, no disciplinary action pending against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for this post, he/she can/cannot be released from the service.

Date

.....
Signature of the Head of the
Department or Authorized Officer.

Name:.....

Designation:-

Ministry / Department:-