



**Office Use only**

Application ID:

Closing Date:

**Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka**

**Post: Works Engineer (Civil) Grade III**

**Form A**

**01. General Details**

- **Full Name:** .....
- **Permanent Address:** .....
- **Present Address:** .....
- **Phone Number:** ..... **Email:** .....
- **NIC:** ..... **DOB:** ..... **Age At Closing Date:** .....
- **Gender:** ..... **Civil Status:** .....
- **Citizenship Type:** ..... **Citizenship Details:** .....
- **Ethnicity / Religion:** .....

**02. Secondary Education**

School	From Year	To Year	Passed Exam	Passed Year

**03. Higher Education / Academic Qualifications**

<b>University/Institute</b>	<b>Duration</b>	<b>Class obtain</b>	<b>Effective Date</b>	<b>GPA</b>

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**04. Professional Qualifications**

<b>Institution</b>	<b>Qualifications</b>	<b>Duration</b>	<b>Effective Date</b>

**05. Professional Registration & Board Memberships**

<b>Professional Body / Council</b>	<b>Registration Category (e.g., Associate Engineer)</b>	<b>Registration Number</b>	<b>Effective Date</b>

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**06. Language Proficiency**

<b>Language</b>	<b>Ability to Speak</b>	<b>Ability to Read</b>	<b>Ability to Write</b>

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**07. Employment & Experience Records**

Institution	Designation	From	To	Period

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**08. Special Achievements, Training & Extra-curricular Activities**

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**09. Referees**

Name	Designation	Tel No. & Email

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**10. Applicant Declaration**

I certify that all the particulars given by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected, and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation.

**Signature of the applicant:** ..... **Date:** .....

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**Form B**

**For Public Sector / Institutional Candidates Only**

*(To be completed by the Head of the Department/Institution)*

Application for the post of **Works Engineer (Civil) Grade III** submitted by Mr. / Mrs. / Ms. .... is forwarded herewith. If he / she is selected for the said post, he / she **can / cannot** be released from this institution.

**Signature of the Head of the Institution:**

.....  
.....

**Name:** .....

**Designation:** .....

**Date:** .....

**Official Seal:**