

Recruitment for the post of Community Correction Officer (Grade II) of Department of Community Based Corrections (Open) – 2025

1. Personnel Information

1. 1.1 Full Name (Sinhala/ Tamil) :

1.2 Full Name (English) :

2. 2.1 Name With initials (Sinhala / Tamil) :

2.2 Name with initials (English) :

3. 3.1 Permanent Address (Sinhala / Tamil) :

3.2 Permanent Address (English) :

4. Gender (Male / Female) :

5. Marital Status (Single / Married) :

6. National Identity Card No. :

7. Date of Birth: Year Month Date

8. Age as at the closing date of application:-

Years:- Months:- Days:-

9. Telephone No. :

10. Email address :

2. Details of the Current Post (if applicable)

2.1 Current Post :

2.2 Appointment Date :

2.3 Nature of the appointment (Permanent / Probation) :

3. Educational Qualifications :

<i>No.</i>	<i>Degree</i>	<i>Name of the University</i>	<i>Effective date of the Degree</i>

4. Additional Educational Qualifications :

<i>No.</i>	<i>Qualification</i>	<i>Name of the Institute</i>	<i>Effective date of the qualification</i>

5. Professional Qualifications:

<i>No.</i>	<i>Qualification</i>	<i>Name of the Institute</i>	<i>Effective date of the qualification</i>

6. Other Qualifications :
.....

7. Experience :
.....

8. Certification of the Applicant :

I hereby declare that the information furnished by me in this application is true and correct. I am also aware that if any of the particulars in this application are found to be false or incorrect at any stage, my application will be rejected and I am

liable to be dismissed from service without any compensation if any such information is found to be false or incorrect after selection.

Date.....

.....
Signature of the Applicant.

9. Attestation of the Signature of the Applicant :-

I certify that the applicant Mr/Mrs/Miss is known to me personally and he/she placed his/her signature in my presence today.....

Date:

.....
Signature of the Attester.

Full Name of the Attester:.....

Designation:.....

Address :

(Place the rubber stamp)

10. Certification of the Head of the Department /Institution

I am forwarding the application submitted by Mr./Mrs./Miss. I confirm that he/she is holding a permanent and pensionable/ temporary post in this institution and fulfill the requirements mentioned in the *gazette* notification relevant for post and he/she has not been subjected to any disciplinary punishment of any kind and hereby confirm that he/she can / cannot be released from service if selected.

.....,
Signature of the Head of the Department /Institute.

Date -

Designation -

Ministry/Department/ Institute -

(Place the rubber stamp)