

## **Eligibility criteria**

### **Annexure -I**

#### **Selection criteria:**

Membership will be awarded on the basis of inviting applications from the persons who are having following qualifications and reviewed by a selection Committee appointed by the Council of CA Sri Lanka

Eligibility to apply : **APFASL members** who are in the following categories of services:

1. (a) Members of the Government Accountants Service (after 10 years' service)
  - Officers in Grade – II - Accountants
  - Officers in Grade. I – Chief Accountant / Chief Financial Officer / Chief Internal Auditor or similar designation;
  - Special Grade - i.e., Deputy Chief Secretary ( Finance) / Director General / Additional Director General
- (b) Members of Sri Lanka Audit Service: ( after 10 years' service)
  - Gr. II – II – Superintendents of Audit
  - Gr. II – I - Superintendents of Audit
  - Gr – I - II - Assistant Auditors General
  - Gr. – I – I - Deputy Auditors General
  - Gr – I – Special Grade – Additional Auditors General
- (c) Members of the Inland Revenue Dept. : ( after 10 years' service)
  - Gr. II – Assistant Commissioners
  - Gr. – I - Commissioners of Inland Revenue
  - Special Grade - Deputy Commissioners of Inland Revenue
2. Age : Above 40 years
- 3 . Academic Qualifications :
  - (a) Financial Management related Post Graduate degree qualification **or** Financial Management related MBA qualification (course duration should be 1 year or above) from a recognized university **or**
  - (b) equivalent or a higher qualification (course duration should be 1 year or above) from a recognized university
4. Other qualifications :
  - Possession of five years satisfactory service during immediately preceding 5 years
- 5 . Application should be submitted through the Head of Department
6. Applicant should be a citizen of Sri Lanka
7. Should be of excellent moral Character



9.2. Date of Membership

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**DETAILS OF WORK EXPERIANCE**

Please fill form – I and annex to the application

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**ACADEMIC & PROFESSIONAL QUALIFICATIONS**

Please fill form – II – and attached to the application.

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**DECLARATION**

I hereby declare that the information furnished by me in this application is true and correct to the best of my knowledge.

.....  
Applicant's Signature

.....  
Date

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**Recommendation of the Head of Department:**

I confirm that the information provided by Mr. /Ms.....  
.....above is true and I recommended him/her for  
above qualification.

.....  
Signature  
Head of the Department  
(Official Stamp) & Date

**Form – I – Service record of Mr/ Ms.**

Current designation / service :

Organization	Title / Position	Grade	From DD/MM/YY	Till DD/MM/YY

**Form – II - Academic & Professional qualifications**

Academic qualification /s :

Professional qualification/s :

<b><u>1. University / Institute</u></b> <b><u>2. qualification</u></b>	<b><u>Specialty / Subjects</u></b>	<b><u>Date of securing qualification</u></b>
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