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

Annexure - II

Application for the initial membership of Chartered Public Finance Accountant (CPFA) qualification

| PERSIONAL DETAILS 1. NAME WITH INITIALS: Mr. /Ms.: | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| | FULLNAME: | | | | | | | |
| | | | | | | | | |
| 2. | (In block letters) i. Permanent Address: | | | | | | | |
| | ii Contact Details ; Mobi Office | | | | | | | |
| | iii E-mail Address: | | | | | | | |
| 3. | National Identity Card N | Date of Issue: | | | | | | |
| 4. | Date of Birth | 5. Gender: Male Female | | | | | | |
| 6. | Nationality: | Sri Lankan Other If other, please specify | | | | | | |
| 7. | Civil Status: | Single Married | | | | | | |
| EMPLOYEMENT DETAILS 8. 8.1. Present Employment: Government Dept. | | | | | | | | |
| | District Secretariat Provincial Councils Municipal Councils | | | | | | | |
| | Statutory Authority Urban Councils Other Statutory Institution | | | | | | | |
| | 8.2. Place of Work: | | | | | | | |
| | 8.2 . Address : | | | | | | | |
| | 8.3 Designation: | 8.4. Date of Appointment | | | | | | |
| APFASL MEMBERSHIP 9. 9.1 APFASL/FPFASL – Membership No | | | | | | | | |

| 9.2. Date of Membership | |
|--|--|
| DETAILS OF WORK EXPERIANCE | |
| Please fill form – I and annex to th | ne application |
| ACADEMIC & PROFESSIONAL QUA | ALIFICATIONS |
| Please fill form – II – and attached | I to the application. |
| DECLARATION | |
| I hereby declare that the informat knowledge. | tion furnished by me in this application is true and correct to the best of my |
| Applicant's Signature | Date |
| Recommendation of the Head of I | Department: |
| confirm that the information pro | ovided by Mr. /Ms |
| | above is true and I recommended him/her for |
| | |
| above qualification. | |
| | |
| above qualification. Signature Head of the Department | |

Form – I – Service record of Mr/ Ms.

Current designation / service :

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

Form – II - Academic & Professional qualifications

Academic qualification /s :

Professional qualification/s:

| | 1. | University / Institute | Specialty / Subjects | Date of securing |
|-----------|----|------------------------|----------------------|------------------|
| <u>1.</u> | ۷. | qualification | | gualification |
| <u> </u> | | | | |
| | | | | |
| <u>2.</u> | | | | |
| | | | | |
| | | | | |
| <u>1.</u> | | | | |
| | | | | |
| <u>2.</u> | | | | |
| _ | | | | |
| | | | | |
| 1 | | | | |
| <u>1.</u> | | | | |
| | | | | |
| <u>2.</u> | | | | |
| | | | | |
| | | | | |
| <u>1.</u> | | | | |
| | | | | |
| 2 | | | | |
| <u>2.</u> | | | | |
| | | | | |
| | | | | |