

Diploma in School Management Course
Part Time - 2017 / 2018
Sinhala Medium / Tamil Medium

01. Name in Full : Rev./Mr./Mrs./Miss :

02. Name with Initials :

03. Address
 Official :

Tel. :

(i) Personal :

Tel. :

04. National I.D. No. :
 D D M M Y Y Y Y

05. Age on 24.02.2017 :

06. Date of Birth :

07. Present Post :

08. Period of service :

09. Service You belong to

| | | | | |
|---------------------|--------------------------|----------|--------------------------|--|
| SLEAS | <input type="checkbox"/> | SLPS | <input type="checkbox"/> | |
| SLTES | <input type="checkbox"/> | SLTS - I | <input type="checkbox"/> | |
| Semi Gov./ Pirivena | <input type="checkbox"/> | | | |

Put a tick (✓) in the relevant cage

10. Qualifications :
 Academic :
 Professional :

I certify that the above mentioned particulars are true and correct. I also declare that I do not expect to follow any other part time / full time course except this course, at the national Institute of Education or to follow a full time course in any other higher education institute.

Date :
.....
 Signature of the applicant

Recommendation of the head of the institute :
 Recommended for the above mentioned course, He/She can be/cannot be Released from duties if he/she is selected for it

Date :
.....
 Signature and frank

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