Employees Trust Fund Board Application Form

(For External candidates only)

Application for the post of								
01. Personal Informa	ation							
Status	Dr.	Mr.	Mrs.	Miss.				
Name in Full (in English Block Letters)								
Name with Initials (in English Block Letters)								
Permanent Address (in English Block Letters)								
Province			Dist	rict				
E-mail Address NIC No			Tele	phone				
Civil Status								
Date of Birth	Date Mont	h Year	Age as	at Closing o	date	Date	Month	Year

02. Educational Qualifications (Attach Copies of Certificates)

Examination vear	I. G.C.E.(Ordinary Level)	Index No	
yeu	Examination	year	

No	Subject	Grade	No	Subject	Grade

]	II.	G.C.E.(Advance Level)	Index No	
	Examination		year	
			Stream	

No	Subject	Grade	No	Subject	Grade

03. Academic Qualifications (Attach Copies of Certificates)

University/	Period	Major Field	Degree	Class- if any	Year
Institution					

04. Professional Qualifications (Attach Copies of Certificates)

Institution	Period	Field of Study	Qualifications	Year

05. Language Proficiency:

Language	Proficiency	Give the qualification if any
	Fluent/ Very good/ Good/	
	Poor	

06. Employment Record: (Attach Service Certificates)

Place of Work	Position	From	То	Period

07. Any other Extra Curricular Activities:

Event		National/ District	/ Interschool/ School Level
08. Two Non – 1	Related Referees	S	
Name	Position	Address	Telephone No
09. Declaration	of the Applicant	t	
-	-	· ·	his application are true and
	-	=	ss which may occur due to lication. Further, I state that,
-	=	ed are true and correct to the	
I shall not subseque	ently change any info	ormation stated above.	
Date		Signature of applicat	tion
40 4			
10. Attestation			
I do hereby certify	that Dr./Mr./ Mrs./ M	Miss	

11. (The part is Applicable only for Candidates who Engage in Government Employment) Attestation of the head of the Department / Institution

I hereby certif	fy that Dr./Mr./ Mrs./ Miss	
who is working	ng in this ministry/ Department/ Institution,	0 1
decision has b	nduct are satisfactory, no disciplinary action been taken to impose any such in the future can/cannot be released from the service.	
Date		Signature of the head of the department/ Authorized officer
Name		
Designation		
Address		