

# Employees Trust Fund Board Application Form

Application for the post of .....

Please indicate, whether you apply as an external candidate or internal candidate?

External	
----------	--

Internal	
----------	--

## 01. Personal Information

Status	Dr.	Mr.	Mrs.	Miss.	Employee No	
Name in Full (in English Block Letters)						
Name with Initials (in English Block Letters)						
Permanent Address (in English Block Letters)						

Province	
----------	--

District	
----------	--

E-mail Address	
----------------	--

Telephone	
-----------	--

NIC No	
--------	--

Gender	
--------	--

Civil Status	
--------------	--

Date of Birth	Date	Month	Year	Age as at Closing date	Date	Month	Year

**02. Educational Qualifications (Attach Copies of Certified Certificates)**

I. G.C.E.(Ordinary Level) Examination			Index No		
			year		
No	Subject	Grade	No	Subject	Grade

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

**03. Academic Qualifications (Attach Copies of Certified Certificates)**

University/ Institution	Period (from to)	Major Field	Degree	Class- if any	Year (effective date)

**04. Professional Qualifications (Attach Copies of Certified Certificates)**

Institution	Period (from to)	Field of Study	Qualifications	Year (effective date)

**05. Language Proficiency:**

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

**06. Employment Record:**

Division / Section	Position	From	To	Period

**07. Any other Extra Curricular Activities:**

Event	National/ District/ Interschool/ School Level

**08. Declaration of the Applicant**

I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and / or incorrect completion of my part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge. I shall not subsequently change any information stated above.

Date .....

Signature of application .....

**09. Recommendation of DGM/ AGM**

I recommend / not recommend to proceed this application.

If not recommend, please indicate the reason briefly.

.....  
.....  
.....  
.....  
.....

Date .....

.....

Signature