

# Employees Trust Fund Board

## Application Form

Application for the **post of** .....

Please mention below, whether you apply under qualifications relate to **external candidate**  
or **internal candidate**? .....

### 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.

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Date .....

.....  
Signature