Employees Trust Fund Board
Application Form

Application for the post of .....

01' Personal Information

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	
District	

E-mail Address	
NIC No	
Telephone	
Civil Status	
Gender	

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

02' Educational Qualifications (Attach Copies of Certificates)

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

No	Subject	Grade	No	Subject	Grade

	Index No	
	year	
	Stream	

No	Subject	Grade	No	Subject	Grade

03' Academic Qualifications (Attach Copies of Certificates)

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

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	To	Period

07' Any other Extra Curricular Activities:

Event	National/ District/ Interschool/ School Level

08' Two Non – Related Referees

Name	Position	Address	Telephone No

09' 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 ……

10' Attestation

I do hereby certify that Dr./Mr./ Mrs./ Miss. ……
…… is personally known to me and placed his/ her signature in my presence on ……

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

I hereby certify that Dr./Mr./ Mrs./ Miss. ……
who is working in this ministry/ Department/ Institution, is working in the post of ……
……. and his/ her work and conduct are satisfactory, no disciplinary action pending against him/ her and no decision has been taken to impose any such in the future. If he/ she will be selected for this post, he/ she can/ cannot be released from the service.

Date ……..

……
Signature of the head of the department/ Authorized officer

Name ……………………………………

Designation ……………………………………

Address ………………………………………………………………………………….