# **Employees Trust Fund Board Application Form**

Application for the post of						 			
01' Personal Informat	tion								
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		1	<b>-</b>		
E-mail Address  NIC No		Tele	ephone						
Civil Status			L						

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)	Index No	
	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/ Institution	Period	Major Field	Degree	Class- if any	Year
Histitution					
					_

#### 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 -	- Related Referees		
Name	Position	Address	Telephone No
1 (01110	T esteroir	Tradios	Telephone I to
L			
09' Declaratio	n of the Applicant		
		furnished by me in this an	oplication are true and correct
			cur due to incomplete and / or
•		•	tate that, all sections of this
•	• •	et to the best of my knowled	•
I shall not subseq	uently change any infor	mation stated above.	
-			
Date		Signature of application	n
Dail	• • • • • • • • • • • • • • • • • • • •	Signature of application	ш

10' Attesta	tion	
I do hereby c	ertify that Dr./Mr./ Mrs./ Miss	
		is personally known to me
and placed hi	s/ her signature in my presence on	·
11' (The p	art is Applicable only for (	Candidates who Engage in Government
Employme	ent) Attestation of the head o	of the Department / Institution
I haraby carti	ify that Dr /Mr / Mrs / Miss	
		entire time to an entire time to the entire to
		nstitution, is working in the post of
		and his/ her work
and conduct a	are satisfactory, no disciplinary ac	tion 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 rele	eased from the service.	
Date		
		Signature of the head of the
		department/ Authorized officer
Name		-
Name		
Designation		
Address		