

# Employees Trust Fund Board

## Application Form

(For External candidates only)

Application for the post of .....

### 01. Personal Information

Status	Dr.	Mr.	Mrs.	Miss.
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Name in Full (in English Block Letters)																				

Name with Initials (in English Block Letters)																				

Permanent Address (in English Block Letters)																				

Province	
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District	
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E-mail Address	
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Telephone	
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NIC No	
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Gender	
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Civil Status	
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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

II.	G.C.E.(Advance Level) Examination	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)

[illegible]

### 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 .....

# 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