**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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name with Initials (in English Block Letters) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Permanent Address(in English Block Letters) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Province |  |

|  |  |
| --- | --- |
| District |  |

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

|  |  |
| --- | --- |
| Telephone |  |

|  |  |
| --- | --- |
| NIC No |  |

|  |  |
| --- | --- |
| Civil Status |  |

|  |  |
| --- | --- |
| Gender |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth | Date | Month | Year |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age as at Closing date | Date | Month | Year |
|  |  |  |

**02' Educational Qualifications (Attach Copies of Certificates)**

|  |  |  |
| --- | --- | --- |
| 1. G.C.E.(Ordinary Level)

Examination | Index No |  |
| year |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Subject | Grade | No | Subject | Grade |
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| 1. G.C.E.(Advance Level)

Examination | Index No |  |
| year |  |
|  | Stream |  |

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| No | Subject | Grade | No | Subject | Grade |
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 **03' Academic Qualifications (Attach Copies of Certificates)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University/ Institution | Period | Major Field | Degree | Class- if any | Year |
|  |  |  |  |  |  |
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**04' Professional Qualifications (Attach Copies of Certificates)**

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| --- | --- | --- | --- | --- |
| Institution | Period | Field of Study | Qualifications | Year |
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**05' Language Proficiency:**

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| --- | --- | --- |
| **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 |
|  |  |  |  |  |
|  |  |  |  |  |
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**07' Any other Extra Curricular Activities:**

|  |  |
| --- | --- |
| Event | National/ District/ Interschool/ School Level |
|  |  |
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**08' Two Non – Related Referees**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Address | Telephone No |
|  |  |  |  |
|  |  |  |  |
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**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 ………………………………………………………………………………….