Office use only

EMPLOYEES' TRUST FUND BOARD
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ஊழியர் நம்பிக்கைப் பொறுப்பு நிதியச் சபை

EMPLOYER CERTIFICATION – "DIRIDARU HARASARA 2026"
GRADE 5 SCHOLARSHIP BENEFIT SCHEME

This application form should be duly completed and certified by the **last employer** for the purpose of applying for the "**Diridaru Harasara"- 2026 Grade 5 Scholarship Benefit Scheme**.

1. Name of the Employer/Estate and the address	
2. Full name of the member	

3. Member's NIC No												

4. Employer No							Member No					

5. Date of Appointment	D	D	M	M	Y	Y	Y	Y

6. Complete the contribution details remitted on behalf of the above-named member for **August 2025 to July 2026**. This section must also be completed for contributions remitted through the **E-Payment System**.

Year	Month	Amount	Date	Year	Month	Amount	Date
2025	August			2026	January		
	September				February		
	October				March		
	November				April		
	December				May		
					June		
					July		

Payment Method ("√")

R_1		R_4		E-Payment	

I certify that the information furnished above is true and correct. I am aware that furnishing or causing to be furnished any false information in respect of this application may result in a fine or imprisonment under **Section 39 of the Employees' Trust Fund Act No. 46 of 1980**.

Name of the Employer - .....

Tell: No										

Signature .....

Name of the signatory .....

Designation .....

Date .....

Official Seal